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ABSTRACT

A product of a study to gather information describing model infant and preschool programs for handicapped children, the document contains descriptions of 142 programs including validated First Chance projects, Outreach projects funded by the Bureau of Education for the Hnadicapped, Master Plan agencies in California, innovative and preschool incentive grant programs in California, exemplary Head Start programs and other model programs in the public and private sectors. Program descriptions are organized into the following categories: public agency programs in California, private agency programs in California, public school district programs, private school programs in California, out of state Outreach programs, and out of state Head Start programs. Provided for each program is the name, contact person, address, a general program description, a more detailed explanation of program implementation, evidence for program effectiveness, and availability of dissemination and technical assistance. (DB)

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RB-MTRD(CA) 80-12

SELECTED PROGRAMS SERVING HANDICAPPED INFANTS AND PRESCHOOL CHILDREN: A COMPENDIUM OF PROGRAM DESCRIPTIONS FOR CALIFORNIA EDUCATORS

A Product of

A SURVEY FOR CALIFORNIA OF MODEL PROGRAMS SERVING HANDICAPPED INFANTS AND PRESCHOOL CHILDREN

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John E. Taylor
Project Director

Prepared Under Grant No. 27-B160-80-3293-7100 from the California State Department of Education

Western Division
Human Resources Research Organization
300 N. Washington Street
Alexandria, Virginia 22314

July 1980

EC132887

ABSTRACT

During the past decade there has been a significant increase in the number of programs serving handicapped infants and preschool children. Information concerning these programs is needed by state and local educators in the selection of models consistent with local needs and state requirements. Information on existing models has been difficult to access and has not been readily available. As the California Master Plan for Special Education is phased in throughout the state, it is important that educators have this information so that they can select the most appropriate models or model components for local implementation.

The purpose of this study was to gather information identifying and describing model infant and preschool programs for the handicapped. The information obtained was assembled for use by education decision makers to assist them in selecting model programs or program components for adoption/adaptation by local education agencies, i.e., programs that comply with regulations and have the potential to meet the needs of local education agencies.

Two products resulted from this project:

- Selected Programs Serving Handicapped Infants and Preschool Children: A Compendium of Program Descriptions for California Educators

  This document is a compendium of individual program descriptions presenting the salient characteristics of model programs in and outside California, in both the public and private sectors.

- Summary Information Describing Model California Programs Serving Handicapped Infants and Preschool Children

This document is a matrix of summary quantitative information on model programs in California operating in the public and private sectors.

Relevant program information was gathered through the use of a mailed survey questionnaire. Project staff developed the format and data items in collaboration with the California Department of Education, Office of Special Education (OSE), the California First Chance Consortium, and the California Regional Resource Center.

The targeted programs included all JDRP-validated First Chance projects funded by the Bureau of Education for the Handicapped (BEH); all BEH funded Outreach projects; all Master Plan agencies in California; all innovative and preschool incentive grant programs in California; exemplary Head Start programs serving the handicapped in California and throughout the country; and other model programs in the public and private sectors. Only partial success was achieved in surveying Head Start programs.

Information was received from 142 programs (102 from in-state and 40 from out-of-state). The data were collated and analyzed to prepare the program descriptions and summary matrix. Descriptions were written for all 142 programs and assembled to form the compendium. All quantifiable information describing program characteristics of the 102 in-state programs was assembled to form the summary matrix.

Distribution of the matrix to state and local educators will provide them with a summary of the salient characteristics of the public and private

programs that are now operating within the state. Distribution of the compendium of program descriptions will provide them with the detailed program-specific information they need to select the most appropriate early-intervention model for adoption/adaptation, consistent with federal and state law, specific to local needs, and available resources.

PUBLIC AGENCY PROGRAMS

Preschool Incentive Grant:
Speech Therapy Section
Kern County Supt. of Schools Office
Bakersfield, California

Severe Disorders of Language
Preschool Incentive Grant Program
Kern County Supt. of Schools Office
Bakersfield, California

Special Day Center (Seal Bluff/
George Miller Center East)
Contra Costa County Supt. of Schools
Concord, California

DCH Program
Beth Ramacher Development Center
Fresno, California

Trainable Mentally Retarded
Contra Costa County Supt. of Schools
Jefferson School
Kensington, California

CSULA-Azteca Head Start Child-
Family Project
California State University, Los Angeles
Dept. of Special Education
Los Angeles, California

"Integration of Handicapped and Normal
Children from Birth Through Three Years"
UCLA Intervention Program
Los Angeles, California

Infant Care Program
Merced County Dept. of Education
Merced, California

Preschool Speech/Language
Incentive Grant Program
Merced County Dept. of Education
Merced, California

Head Start and Indian Migrant
Program Development
Stanislaus County Dept. of Education
Modesto, California

Physically Handicapped Special
Classes - Preschool
Stanislaus Special Education Service
Region (SSESR)
Modesto, California

TMR School - Infant and Toddler
Program - Multihandicapped Program
John F. Kennedy School
Stanislaus County
Modesto, California

Preschool Experimental
Napa County Supt. of Schools
Napa, California

Home/School Facilitator
Butte County Supt. of Schools Office
Oroville, California

Master Plan for Special Education
Contra Costa County Supt. of Schools
Region II
Pittsburg, California

Therapeutic Instruction Preschool Program
Casa Colina Hospital
Children's Service Center
Pomona, California

Dysphasia South
San Mateo County Office of Education
Redwood City, California

Orthopedically Handicapped Program
San Mateo County Special Education
Redwood City, California

Full Potential Program
Contra Costa County Supt. of Schools
Richmond, California

George Miller Development
Center West
Contra Costa County Supt. of Schools
Richmond, California

Tree Valley Preschool Program
Contra Costa County Supt. of Schools
Richmond, California

La Esperanza Development Centers
for Handicapped Minors
San Bruno, California

TMR Preschool
Palos Verde School and
Los Amigos School
San Bruno, California

EARLY ON Outreach Program
Dept. of Special Education
San Diego State University
San Diego, California

Project HOPE
San Diego County Dept. of Education
San Diego, California

Project HOPE Preschool Mobile Van
San Diego County Department of Education
San Diego, California

Preschool Demonstration Project
San Jose State University
San Jose, California

Head Start
San Luis Obispo, California

Development Center - Forest Meadows
Hartzell
Marin County Office of Education
San Rafael, California

Infant Program for Hearing Handicapped
Marin County Office of Education
San Rafael, California

Marindale School Preschool
Marin County Office of Education
San Rafael, California

Development Center for Handicapped,
Multi-Handicapped, and Autistic
Orange County Dept. of Education
Santa Ana, California

Special Education Center, Preschool
Santa Barbara County Schools
Santa Barbara, California

Early Development
Santa Cruz County Office of Education
Soquel, California

Infant Stimulation and
Preschool SH Classes
Tulare County Dept. of Education
Visalia, California

Infant Preschool Development Program
Yolo County Office of Education
Woodland, California

PRIVATE AGENCY PROGRAMS

We Care Day Treatment Center
Concord, California

Lynn Preschool
Contra Costa County Assoc. for
the Mentally Retarded
Danville, California

Child/Parent Training Center
Imperial Valley Association for
the Retarded
El Centro, California

Agency for Infant Development, Inc.
Fremont, California

Program for Children with Special Needs
United Cerebral Palsy of
Central California
Fresno, California

Antelope Valley Association
for Retarded Children
Desert Haven Pre-school
Lancaster, California

Julia Ann Singer Preschool Center
Los Angeles, California

Speech and Pediatric Therapy Services
Speech and Pediatric Clinic
Modesto, California

Parent-Infant Project
Children's Hospital Medical Center
Oakland, California

Child Development Program
Rehabilitation Institute of
Orange County
Orange, California

Perceptual and Motor Development
Perceptual and Motor Development Center
Orange, California

Day Treatment Center
Pasadena Child Guidance Clinic School
Pasadena, California

Early Infant Development Program
San Diego County Association
for the Retarded
San Diego, California

Oakes Children's Center
San Francisco, California

San Jose Speech and Hearing Center
San Jose, California

Early Child Development Program
Poplar Center
San Mateo, California

UCP Home Visit Program
UCI-UCP Collaborative Infant
Development Program
United Cerebral Palsy Association
of Orange County
Santa Ana, California

AID (Agency for Infant Development)
Sonoma County Agency for Infant Development
Santa Rosa, California

Easter Seal Pre-School
Easter Seal Society
Ventura, California

PUBLIC SCHOOL DISTRICT PROGRAMS

Pre-School Multi-Handicapped
Alameda Unified School District
Alameda, California

Special Education Program
Anaheim City School District
Anaheim, California

Preschool Language Handicapped Project
Baldwin Park Unified School District
Baldwin Park, California

Integrated Pre-Kindergarten Program
Berkeley Unified School District
Berkeley, California

Preschool Communications Center
San Juan Unified School District
Carmichael, California

Handicapped Pre-School
Castro Valley Unified School District
Castro Valley, California

Aurally Handicapped Program
Ceres Unified School District
Ceres, California

Tracy Infant Center
ABE Unified
Cerritos, California

P I G - Speech
Mt. Diablo Unified School District
Concord, California

Lori Ann Infant Center
Fresno Unified School District
Fresno, California

Preschool Speech and Language
Development Program
Hayward Unified School District
Hayward, California

Pre-School Diagnostic Project
Irvine Unified School District
Irvine, California

Preschool Language Program
La Mesa-Spring Valley School District
La Mesa, California

Preschool Speech and Language Program
Livermore Valley Unified School District
Livermore, California

Early Childhood Education -
Reverse Mainstream
Los Angeles Unified School District
Los Angeles, California

Parent-Infant Program - Lowman School
and Lokrantz School
Los Angeles Unified School District
Los Angeles, California

Preschool Enrichment Program - Salvin
Los Angeles Unified School District
Los Angeles, California

Preschool for Mentally Retarded -
East Valley School - Pacific Blvd. School
Los Angeles, California

Handicapped Infant Program
Monterey Peninsula Unified School District
Monterey, California

Preschool Multi-Handicapped
Monterey Peninsula Unified School District
Monterey, California

Speech, Language and Hearing Program
Newark Unified School District
Newark, California

Deaf and Hard of Hearing
Douglas Tilden School
Oakland Public Schools
Oakland, California

Orthopedically Handicapped-Whitton School
Oakland Public Schools
Oakland, California

Pre-Primary TMR - Ralph Bunche School
Oakland Public Schools
Oakland, California

Preschool Incentive Grant
Oakland Public Schools
Oakland, California

Preschool Incentive Grant
Orange Unified School District
Orange, California

EHA Title VI-B Preschool Speech
Pasadena Unified Schools
Pasadena, California

Preschool Incentive Grant
Pasadena Unified Schools
Pasadena, California

Preschool Diagnostic Program
Placentia Unified School District
Placentia, California

Reedley Child Development Laboratory
Laboratory School
Kings Canyon Unified School District
Reedley, California

Pre-School Program - Trainable
Mentally Retarded
San Francisco Unified School District

Preschool Diagnostic Teaching Program
Oak Grove School District
San Jose, California

Preschool Speech and Language Program
San Luis Coastal Unified School District
San Luis Obispo, California

Carol/Loma Vista
Vallejo City Unified School District
Vallejo, California

PRIVATE SCHOOL PROGRAMS

Almansor Education Center-
Preschool Program
Alhambra, California

Monterey Class
Behavioral Sciences Institute
Carmel, California

MERCI Children's Program
Extended Services Program
Mentally & Educationally Retarded
Citizens, Inc.
Monterey Park, California

Pacific Children's Center
Oakland, California

Peninsula Children's Center
Palo Alto, California

Levy-Diamond Infant Center
Villa Esperanza
Pasadena, California

Circle Preschool
Piedmont, California

The Children's Center of Riverside
Riverside, California

Children's Workshop
San Diego, California

Los Ninos Center
San Diego, California

AIM (Atypical Infant
Motivation Program)
Institute for Medical Research
San Jose, California

Oralingua School for the Hearing
Impaired
Whittier, California

OUT OF STATE
OUTREACH PROGRAMS

Project First Chance
University of Arizona
Dept. of Special Education
College of Education
Tucson, Arizona

Child Language Center
Speech and Hearing Clinic
University of Colorado
Boulder, Colorado

Rutland Center-Developmental
Therapy Model
Rutland Center-Developmental
Therapy Model Outreach Project
Rutland Center-Demonstration Site
Athens, Georgia

PEECH (Precise Early Education for
Children with Handicaps)
University of Illinois
Colonel Wolfe School
Champaign, Illinois

Outreach: Macomb 0-3 Regional Project
A Rural Child/Parent Service
Western Illinois University
Macomb, Illinois

Peoria 0-3 Homebound Program
United Cerebral Palsy & Peoria
Association for Retarded Citizens
Peoria, Illinois

Home Learning Center for
Preschool Hearing Impaired
and Their Parents
Ball State University
Muncie, Indiana

ERIN Outreach Program
Early Recognition Intervention Network
Dedham, Massachusetts

Telstar
Alpena-Montmorency-Alcona
Intermediate School District
Alpena, Michigan

Cognitively Oriented Preschool Curriculum
High/Scope Foundation
Ypsilanti, Michigan

Project RUN
North Mississippi Retardation Center
Oxford, Mississippi

Access to Mainstream II
Alliance for Progress, Inc.
Colerain, North Carolina

Teaching Research Infant
and Child Center
Teaching Research
Monmouth, Oregon

Diagnostic Prescriptive Preschool
Child Neurology Clinic
Portland, Oregon

Education for Severely Handicapped
Outreach Program
Educational Technology Center, Inc.
Foster, Rhode Island

The RIP Expansion Project
The Regional Intervention (RIP) Program
Nashville, Tennessee

Preschool Handicapped Program
Clinch-Powell Educational Cooperative
Tazewell, Tennessee

Project KIDS
Dallas Independent School District
Dallas, Texas

Developmental Education
Birth Through Two (DEBT)
Lubbock Independent School District
Lubbock, Texas

Multi-Agency Project for Pre-Schoolers
Exceptional Child Center
Utah State University
Logan, Utah

Utah Parent-Infant Program
Project SKI*HI Outreach
Utah State University
Logan, Utah

CDR - Outreach Project
Child Development Resources
Lightfoot, Virginia

Portage Project
Cooperative Educational Service
Agency #12
Portage, Wisconsin

Project WISP/Outreach
University Station
Laramie, Wyoming

OUT OF STATE
HEAD START PROGRAMS

Chugiak/Eagle River Head Start
Chugiak Children's Services
Chugiak, Alaska

Head Start
Honolulu Community Action Program, Inc.
Honolulu, Hawaii

Parent & Child Center
of Kalihi, Inc.
Honolulu, Hawaii

Head Start - Integration of
Handicapped Children
Maui Economic Opportunity, Inc.
Kahului, Hawaii

Drake University-Head Start
Des Moines, Iowa

Polk Child Development Center
Topeka/Polk Child Development Center
Topeka, Kansas

St. Landry Parish C.A.A. - Head Start
St. Landry Parish Community Action
Agency
Opelousas, Louisiana

Head Start
Northeast Missouri Community Action
Agency
Kirksville, Missouri

Lincoln Public Schools - Head Start
Lincoln, Nebraska

Head Start Pre-Kindergarten Child
and Parent Development Program
Akron Board of Education
Akron, Ohio

Handicapped Services Head Start
Tom Green County Community
Action Council
San Angelo, Texas

Northwest Head Start
Ashland, Wisconsin

PUBLIC AGENCY PROGRAMS

Preschool Incentive Grant;
Speech Therapy Section

Kern County Supt. of Schools Office
5801 Sundale Avenue
Bakersfield, CA 93309 (805) 834-3700

Contact Person: Larry Keeter

General Program Description

PL 94-142 Preschool Incentive Grant funds were used to employ two full-time and one part-time (3 days a week) speech therapists to meet the speech and language needs of the students in our six preschool child development centers. Determination of eligibility is by the therapist, in conjunction with the parents and other professionals. There are 120 children, aged 3-4.9 being served. This was a new program this year.

The program is based on these stated principles: "(1) All children must learn to communicate properly. (2) Language development serves as a basis for all learning. (3) Language development is related to thinking. (4) Speech and language impaired children often have poor self concepts. (5) Speech and language impaired children often have social and interpersonal difficulties." The program incorporates cognitive, behavioral and developmental approaches. It is fairly structured, stressing specific short-term objectives.

Conduct of Program

This is a pull-out program. The children spend the vast majority of their time with regular students in child developmental centers which meet 5 days a week. "Placement in a severe disorders of language preschool class or other special class placement is an option." The preschool program provides transportation or parents transport without reimbursement. "The following resources are used: Kern Regional Center, Child Guidance Clinic, County Office Voice Clinic, and Public Schools." Staff meetings of the therapists are held at the County Office and on-site twice a month. Inservice training is held a minimum of once a month.

The developmental area stressed in this program is cognitive. Special speech and language tests and remediation materials are used. Published curricula used include the Peabody Language Development Kits, and the Peabody Early Experience Kit. Assessment is made three times of year, using such instruments as the Goldman-Fristoe Articulation Test, Templin Darley Articulation Test, the Boehm Test, Zimmerman, Peabody Language Sampling, ITPA, NSST, and ACLC. Other speech/language tests are used when warranted. Informal assessment is by observation by the speech therapists, teacher and parent interviews.

About 50% of the parents actively participate, as transporters, members of the planning team, and working at home with their children. The parents attend the speech therapy sessions. They also participate in the preschool program on speech therapy and non-speech therapy days. Group meetings are held twice a year, individual contact at least once a month.

Program Effectiveness

Effectiveness of the program can be seen by the number of dismissals from speech therapy since the beginning of the school year. It can also be measured by the results of post testing, teacher and parent comments, and the speech therapist's observations.

Dissemination and Technical Assistance

There are no provisions for technical assistance from the program at this time.

Severe Disorders of Language
Preschool Incentive Grant Program

Kern County Supt. of Schools
5801 Sundale Ave.
Bakersfield, CA 93309 (805) 834-3700
Ext. 285

Contact Person: Mrs. Lou Lindley

General Program Information

"A highly structured linguistic oriented program with individual and small group therapy on a daily basis is provided for severe speech and language impaired children.. These children exhibit overlying problems in the areas of behavior, impulsivity, distractibility and self-concept." Children range in age from 3 years, 7 months to 4 years, 9 months. At present, 6 children are served in this program. It is federally funded and has been in operation 2 years. Children accepted into this program must be two standard deviations below the M.A. in two linguistic areas, and meet Title V code requirements for placements.

"Research has shown that learning, social, and behavioral problems result if children's communication handicaps are not remediated at an early age. When there is an early identification of the language impaired child, the prognosis for early remediation of the communication problem increases." The following principles are subscribed to: "(1) Early intervention may prevent a need for extensive services at a later date; if educational assistance comes too late, the educational lag which has occurred may never be totally overcome. (2) The education of the severe language disordered child must attend not only to cognitive and psycho-motor development, but attention must also be given the affective area. (3) Integration into a regular class should be the predominant mode when possible. (4) Attention must be given to the child's specific needs in the linguistic areas of phonology, syntax, semantics, morphology, and pragmatics."

Conduct of Program

The self-contained classroom is located in a regular school for maximum student interaction with regular students. Percentage of mainstreaming is about 18%. Transportation is provided by the program.

There is one teacher, who is certified in special education and speech/language and hearing. She is assisted by one volunteer, a psychologist and an adaptive P.E. specialist. There are staff meetings and inservice training once a month. Each child has individual therapy 25% of the instructional day. A small group (2 to 3 students) comprises the remainder of the instructional time. Published curricula include Brigance and ECP materials. They also use the Central Auditory Abilities Program, Frostig Program Pace-Maker Pre-Math Program and the Lippincott Beginning Reading Readiness Program.

Children are formally assessed twice a year, using the Peabody Picture Vocabulary Test, Test of Auditory Comprehension of Language, Northwestern

Syntax Screening Test, Test of Language Development, Frostig Test of Visual Perception, Goldman-Fristoe Test of Articulation, Assessment of Children's Language Comprehension, and the Boehm Test of Basic Concepts. Assessment is ongoing throughout the year, using teacher-devised tests and anecdotal records.

All developmental areas are included in the instructional program, including visual and auditory perception. Diagnostic and social servicy agencies such as the Kern Regional Center, Fresno Diagnostic School, and S.D.L. Assessment Experimental Class, are used as needed.

The parents work with the teacher to aid development of social, behavioral, academic, and language skills. They participate as members of the planning team and in parent conferences and observation. Beginning in January, 1980, there were meetings once every three weeks, to implement the Adlerian Concepts for Counseling Parents and Teachers. There are three parent-teacher conferences per year, and monthly phone contacts.

Program Effectiveness

Evidence of effectiveness is pre and post testing showing significant gains. Two children were placed in regular kindergarten during the 1979-80 school year.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site. and phone and/or mail consultation. There are no criteria for adoption. There has been no replication.

Severe Disorders of Language
Preschool Incentive Grant Program - Kern County Supt. of Schools, Bakersfield

Special Day Center (Seal Bluff/
George Miller Center East)

Contact Person: Diane W. Means

Contra Costa County Supt. of Schools
Special Day Center (Seal Bluff/
George Miller Center East)
3020 Grant St.
Concord, CA 94520

General Program Information

This program serves moderate to severe physically and/or mentally involved youngsters. It encompasses ages 18 months to 21 years, but there are 21 children aged 0-5. It is funded jointly by the county schools and county medical services, and has been in operation for 11 years. Children in this program are ineligible for any other program. Its principles of operation are based on the Education Code and Title V regulations. It is a highly structured program stressing specific short-term objectives, and follows a developmental model based on each child's assessments and IEP.

Conduct of Program

Children spend about 6 hours a day, 5 days a week in a self-contained classroom situation. Mainstreaming opportunities are few, about 5%. Transportation is provided by the program.

The staff consists of a master teacher and two other special education teachers. They are assisted by four paraprofessionals, parents and/or volunteers, a speech and language clinician, 3 occupational and/or physical therapists, and a psychologist. Students also receive support help from a nurse, social worker, program specialist, adaptive PE specialist as appropriate, and itinerant visually handicapped teacher. Staff meetings are held weekly, inservice training twice per month. A variety of community resources are used, diagnostic, medical, social service and the Regional Center.

The "curriculum includes: sensory motor; visual and auditory stimulation; fine and gross motor planning and development; cognitive and play skills based on Piaget; Deaf/Blind theorists, and Severely Mentally Handicapped programs; self-help in feeding, dressing/undressing, toilet training, grooming and hygiene; communication skills utilizing signing and verbalization; language expansion, both receptive and expressive; and self-concept directions." There is a need for adaptive equipment in all areas. Published curricula used include Teaching the Severely Handicapped, Haring & Brown, and Educational Programs for the Preschool Deaf-Blind Child. Formal assessment includes the use of the Bayley Infant Scale. Informal instruments used include the "San Juan Atypical Infant Program;" Developmental Pinpoint-Haring and Brown, 197; Speech and language; TARC. Children are formally assessed at least once a year.

About 15% of the parents are active volunteers, members of the planning team and advisory council members. Parents are involved in a home/school based program where one-to-one teaching is provided for each child and his family;

parent/school inservice training sessions are held; each parent participates in the development of his child's IEP; parents also participate in a parent club where Bar-B-Qs, Halloween, bazaars, special sales generate togetherness in a fun/social atmosphere." Group meetings are held once a month; individual contact twice per month.

Program Effectiveness

A pre and post survey has been done for an experimental stage of the program. The program is subject to DCH reviews. Evidence of effectiveness is measured by achievement data on the IEPs, and EAS assessments and reevaluations.

Dissemination and Technical Assistance

Visitors are welcome at the Center to observe and attend workshop/training sessions. Staff are also available for phone and/or mail consultation and a limited amount of workshops/training at adopting sites. The program has been replicated by a unknown number of other agencies/districts.

Special Day Center (Seal Bluff/
George Miller Center East) - Contra Costa County Supt. of Schools, Concord

DCH Program

Beth Ramacher Development Center
710 N. Hughes
Fresno, CA 93728 (209) 233-8404

Contact Person: George Kaspian
Administrator, Spec.Ed.
Fresno County Schools

General Program Information

"The major goal of this program is to develop the maximum potential of each child's physical, mental and social ability. The program is based on an individualized prescriptive-diagnostic approach. Comprehensive training is offered to develop self-help skills, language, sensory motor, and fine motor skills and socialization." The program has been operational since January 1979 and is funded by the state. It is based on the principles of: (1) providing training in survival skills, (2) developing maximum potential of each child, (3) providing respite care for parents, and (4) normalizing school experience as much as possible for the child. It is fairly structured and follows a developmental model, although behavioral models are also used.

It serves 50 children between the ages of 3 and 21, who are severely handicapped. There are 23 children in the program who are aged 3-5. The criteria for acceptance are severe physical and/or mental handicaps (primarily profoundly multi-handicapped).

Conduct of Program

The program is center/classroom based and meets six hours a day, five days a week. Home visits are required at least two times a year and monthly contact with the parents via notes and phone are also required. The program provides transportation; some children are transported by private transporters who are paid by the Fresno County Schools' office. The facilities of the California Children's Services, Fresno City Parks and Recreation, and the Central Valley Regional Center are utilized to carry out the program. Special equipment is used as necessary: orthopedic equipment, special adaptive devices for feeding, and wheelchair buses.

The staff includes a program coordinator, three special education teachers, and four teachers with Development Center Permits. There are nine paraprofessionals, four to six parents/volunteers, three speech and language clinicians (part-time), two occupational/physical therapists contracted through CCS, one psychologist, OTP students, and nine high school students. Staff meetings are held once a month and inservice training meetings once or twice a month.

Materials from the Behavioral Characteristics Progression, Palo Alto, and the Koontz Child Development Program are used as curricula guides. The Behavioral Characteristics Program (BCP), the Koontz, Bayley, Vineland, and AAMD Scales, and the Curriculum and Monitoring System are used in assessment. The staff is working on developing their own Infant Language Assessment tool with task analysis of remedial activities; are looking for better assessment

tools. Informal assessment procedures consist of observation, data sheets, speech evaluation, and social contingency observation programs. Children are assessed at least every three years; usually once a year.

Approximately 10% of the parents actively participate in this program as volunteers, transporters, advisory council and a parent group. Parent-teacher meetings are conducted bimonthly and parent workshops, bi-annually. The parent involvement is being re-evaluated to change structure and approach to encourage more parent involvement.

Program Effectiveness

Effectiveness of the program is indicated by the growth on IEPs. Also, 95% of the students remain in their natural homes.

Dissemination and Technical Assistance

This program is available for visitation/observation. There are no established criteria for adoption of the program. This program has been replicated or adopted by over 100 Developmental Centers for the Handicapped state-wide following the Walton DCH model. The program is in the process of developing a BCP Handbook curriculum guide. A brochure describing the program is available, as are in-service handouts.

DCH Program - Beth Ramacher Develop. Center, Fresno

Trainable Mentally Retarded

Contact Person: Victoria Essert

Contra Costa County Supt. of Schools
Jefferson School
#1 Windsor Ave
Kensington, CA 94708 (415) 526-8833

General Program Information

This program "is designed to teach T.M.R. students the skills necessary to live successfully in the community, to live in the least restrictive environment, have some kind of useful employment and to make good use of their leisure time." Established 18 years ago, it serves children ages 3-15. The preschool program was added seven years ago and enrolls six children. It is supported by a combination of state and county education funds. A child who is accepted in the program must not be a danger to him/herself or others.

Principles of the program are: (1) All children have a right to a program which will allow them to reach their full potential. (2) All children can learn and change. (3) A team approach is important in providing an education to children. (4) Children learn best through concrete experiences of high motivational value. (5) Our children are more like others than they are different. The program follows a developmental model and leans toward the emphasis on discovery and broad goals.

Conduct of Program

Children spend up to 6 hours a day, 5 days a week in a self-contained classroom. Transportation is provided by the program. The special education teacher is assisted by an aide, a speech and language clinician, a psychologist an adaptive P.E. Instructor, and a nurse. Staff meetings are held weekly, in-service training, monthly.

All developmental areas are included in the program. Children are encouraged in individual expression in art and music. Concrete teaching aids are used, with about 30% of time spent on one-on-one instruction. Published curricula used include Roadmap to Effective Teaching, Monterey Co. Office of Education, and Oakland Training Institute Program. The program utilizes the services of the Regional Center of the East Bay, and community recreational facilities. Field trips are made into the community using a school bus. Children are formally assessed yearly, using the Koontz Child Developmental Program, and the Monterey County Pupil Developmental Progress Scale. Informal assessment is by observation, and teacher made assessment instruments.

About 17% of parents actively particpate in the program, as volunteers and classroom aides. Parents assist in classrooms, in a swimming program, by providing special parties and entertainment, provide funds for field trips, and work in the office. Group meeting with staff are held 5 times a year, with monthly individual contact.

Program Effectiveness

Learning verification done include the Motor Performance Study by U.C. Berkeley; Development of the Reflex Assessment Scale, UCSF; Attitudes of children participating in Reverse Mainstreaming Project, U.C. Berkeley. Evidences of effectiveness are the adjustment of graduates living in the community, parent satisfaction. IEPs indicate progress.

Dissemination and Technical Assistance

No provision has been made in the program for dissemination, training, and technical assistance.

CSULA-Azteca Head Start
Child-Family Project

California State University Los Angeles
Dept. of Special Education
5151 State University Dr.
Los Angeles, CA 90032

Contact Person: M. Patricia Simmons (Head Start)
Dr. Tessier (Infant-Family Project)

General Program Information

There are two projects included in this program, a Head Start program for ages 3-4 which has a 50% handicap ratio, and the Infant-family Project which serves handicapped infants and children, 0-3 years. They are funded by Head Start and have been in operation for three years. There are 25 children served. All types of handicapping conditions are included.

Principles listed are: developmental-interactionist model; child and family orientation - community responsive; interdisciplinary team; exploratory experiences of environment; and individualized planning. The curriculum is individually designed - structured as needed; relevant to the child and family strengths and needs. It has a strong communication base reflecting the inter-dependence of cognition and communication rationale.

Conduct of Program

It is a center/classroom based program, meeting for half-day sessions five days a week. It also includes parent participation in class and in observation rooms; and two or more home visits per semester. The parents transport their children without imbursement.

Head Start coordinates with various medical, social welfare and community agencies. Some handicapped children go to CCS for therapy in addition to the classroom experience. The staff consists of two early childhood teachers who work with a faculty liaison member. They are assisted by two paraprofessionals, a parent and a practice student each day, and a volunteer psychologist from the University staff. Speech and language therapy is available through a clinic. Staff meetings are held weekly, and for developing IEPs, reviewing children's progress as needed. Inservice meetings are held at least twice a month. There is on-going support by the CSULA staff.

All developmental areas are included in the program. Individual exploration of the environment, responsibility, independence, and courtesy are stressed. About 10-20% of the time is spent in one-to-one instruction, depending on child/family needs, especially during the introduction of a handicapped child to the program. No one curriculum guide is used; they have used portions of Portage, Marin, and Brigance materials. Formal assessment is made on entry and exit and as needed for placement, using REEL, LAP, Denver Development, and an agency-developed scale. Informal assessment procedures include the Marin Development Scales, and Koontz (for motor).

"Parents participate as their individual time, interest and skills indicate. Head Start traditionally is a parent-oriented project. In addition, our project provides special education training, observation and data-recording experiences; visits to handicapped children programs; English as a second language; child development instruction (use of both English and Spanish translations of media is provided)." There is about 95% active participation as volunteers, teachers, members of the planning team, advisory council, classroom aides, and program evaluators. Group meetings with the staff are held once a month. Parents gather in observation room on days they are not participating in the class; the staff is frequently available for informal as well as formal contact.

Program Effectiveness

A study is in the process of being written up concerning data on 25 of the project children and families, and 25 non-project children/families in regard to performance, parent attitudes, and the Denver Developmental Screening Test. Effectiveness of the program can be assessed by pre and post tests, and comparison with non-project children.

Dissemination and Technical Assistance

In 1977-78 and 1978-79 the program had a Head Start Training and Demonstration Grant. At present there are no outside funds available for dissemination so staff would have to be reimbursed. A wide range of training and technical assistance possibilities exist. They provide presentations of various media which they have found valuable - in family support, special needs, child development, etc. The staff is bi-lingual (Spanish-English). Adopting agencies should be prepared to mainstream at least 40-60%, and be willing to accept the program's "team delivery" concept. There has been some replication, including a site in Micronesia.

Most of the materials available from the program have not yet been commercially printed. "We are happy to share those with interested persons." A Parent Attitude Scale (toward program) is available; also teacher training materials - a checklist on Behavior Associated with Handicapping Conditions; an IEP sequence-format, and an Approach-Avoidance Scale - Handicapping Conditions.

CSULA-Azteca Head Start
Child-Family Program - Calif. State Univ. LA

"Integration of Handicapped and Normal Children from Birth Through Three Years"

UCLA Intervention Program
Rehabilitation Center - Rm 23-33
1000 Veteran Ave.
Los Angeles, CA 90024 (213) 825-4821

Contact Person: Dr. Judy Howard
Medical Director

General Program Description

This is a medical educational model funded by a BEH Grant - an intervention support program for parents and their handicapped children under 3 years of age. The population includes children with cerebral palsy, developmental delays, emotional disturbance, chromosomal abnormalities, etc. Fifty children are currently served. The school began in the 1950s as a Cerebral Palsy Nursery School.

Principles stated are: A positive parent-child interaction is the basis for child's optimal cognitive as well as emotional development; the goal of the program is to help parents gain confidence and competence. The program is seen as a support service for parents. For the child the goal is to ameliorate as much as possible the effects of the disability; for both parent and child, the staff focuses on strengths. Play is viewed as the natural mode of learning of the infant and young child. "The program encourages the child to initiate activity with objects and materials as well as to interact with adults and children. Short-term goals are set within the context of larger broad goals. Learning is seen as occurring within a developmental framework."

Conduct of Program

There are 3 sub-groups within the program. In the Young Infant program, infants whose developmental age is under 9 months, are seen by a teacher and therapist weekly, often individually with the parent rather than in a group. Older infants, 9-18 months developmental age, attend an afternoon group 1, 2, or 3 times weekly, spending about 2/3 of the time with non-handicapped children. Toddlers 18 mo.-3 yr., a group which includes 10 handicapped and two non-handicapped, meet daily 2-5 times a week. Parents provide transportation without reimbursement; a volunteer auxilliary provides reimbursement for families that are in particular need.

The staff consists of a program coordinator, 2 full-time and one part-time teacher, certified in early childhood/special education. Also used are parents/volunteers, a speech and language clinician, an occupational and a physical therapist, a social worker, pediatrician, and college students. The teachers and therapists meet daily to plan and evaluate each session, and the entire staff meets weekly. Inservice training is held weekly; in addition the staff is encouraged to attend weekly seminars offered in the Division of Child Development, Dept. of Pediatrics.

All developmental areas are included in the program. Cognitive and affective areas are seen as closely interwoven in infants and young children. The Gesell Developmental Schedules are used upon entry and every 6 months, language history and assessment is done on each child. The Caldwell Home Inventory is used upon entry. Neurological exams and a general physical exam are repeated at 6-month intervals. Informal assessment is by observation of children's play behavior and is used as a guide to planning. Every 6 months, 10-minute video tapes are made of the child (and mother and child) playing with a standard set of toys.

Percentage of one-to-one instruction time varies with the subgroups. In the toddler group, it is about 20% with each child seen with the parent for "individual time" with the teacher/therapist. The remainder of 1:1 time takes place within the class. Older infants have about 35% and younger infants 100% of 1:1. Curricula used include the Live Oak Curriculum, and the Infant Learning Program from the University of Washington. The staff uses several other curricula as sources for ideas for activities. Spanish translations are used for appropriate language communication (Marshalltown, Portage, Project Kids, etc.)

About 80% of the parents are active in the program in a variety of ways. In the toddler program there is no mandatory direct participation in the classroom. Participation is geared to individual needs, preferences and priorities. All parents are encouraged to spend regular time in guided observation through a one-way mirror. Other forms include participation in pool play program, fund raising, weekly parent discussion group, classroom aides, purchasing supplies, writing and distributing a newsletter, designing a brochure, organizing home-based play program during vacation time. Every parent meets at least one staff member at arrival and dismissal time. Individual time is scheduled for the teacher or therapist and mother and child at least once a week.

Program Effectiveness

The Parent Behavior Progression (Bromwich et al) is being used to chart changes in parent behavior over time. A Parent Questionnaire is being used to document parental satisfaction and changes in focus over time. Follow-up studies are being developed and carried out to determine families' use of resources and follow child's progress.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site and phone and/or mail consultation. They are not yet at the point of replicating. Available are a description, background and philosophy of the program; and a parent questionnaire. In the process of development are video tapes of parent-child interaction, and an assessment of play behavior on a 10-minute video tape.

"Integration of Handicapped and Normal Children from Birth Through Three Years - UCLA Intervention Program, LA

Infant Care Program

Contact Person: Nancy Harvey
Gaye Riggs

Merced County Dept. of Education
632 W. 13th St.
Merced, CA 95340 (209) 723-2031

General Program Description

This is a home and center-based program for handicapped, abused, delayed, or high-risk infants age birth to three years. There are 29 children involved in this two-year-old program. Funding is federal with some local matching funds. Accepted children can have any type of degree of handicap.

The following principles are stated: "(1) Transdisciplinary staff teaches parent to teach her own child. (2) Homelike atmosphere has been created at the center which complements the modeling techniques. (3) Bilingual delivery system (Spanish-English). (4) Psychomotor or sensory motor emphasis with attention also given to language, cognition, self-help, and bonding. (5) All project staff attempt to serve the WHOLE family. ICP spends a great deal of time conferring with doctors, welfare, child abuse, regional center, etc. so that our families have the best options available for themselves and the child." "Specific short term objectives are always at hand but the means of achieving may be very specific or attained in a structured, discovery setting."

Conduct of Program

"Infants and parents (usually mothers) attend ICP center two mornings a week. Mothers and staff work part of the morning with the infants. Staff continues to work while the parents have a coffee break; one morning a week a parent group focuses on education and socialization, the other morning a psychiatric social worker joins the group. Infants on home programs are visited one hour weekly. 85% of the families are on center program. All are on home programs during the summer." Some program transportation is available; most parents transport with or without reimbursement.

The staff consists of a master teacher and another teacher who are certified in special education. They are assisted by two aides, an occupational and/or physical therapist, a nurse and a psychiatric social worker. Staff meetings are held twice a week and inservice training has averaged once a week but will probably decline somewhat as the program goes on.

Instruction is given across all developmental areas, with 20% one-on-one contact. Many types of special materials are used, bolsters, wedges, slides, manipulative toys, walkers, crawligators, sensory kit from the National Foundation for the Blind, etc. Published curricula used include the Early LAP. Formal assessment is made quarterly, using the Bayley Scales, the Early LAP, and the Denver Developmental Screening Test. Informal assessment is accomplished by anecdotal records and objectives checklists. Community resources are used as necessary in individual cases.

Participation in the program by parents is about 97%. Most of the parents transport their own children to the project and remain on site with them. They not only work with their own children but with others, as well as participating in groups, attending potlucks and advocacy meetings. They also serve on the advisory council.

Program Effectiveness

A project evaluation was filed with BEH in September, 1979.

Dissemination and Technical Assistance

The project is available for visitation/observation and phone and/or mail consultation. Although they have not done so, the staff is willing to do on and off-site workshops/training, follow-up visits to adopting sites, and program monitoring. There are no criteria for adoption.

The program has been replicated in California and in South Dakota, in that they provided materials, slide tape, and acted as a resource for replication. A brochure of the project is available, part of the Merced County Search and Serve. Also available is a slide/tape of a typical day with some explanation of techniques employed.

Preschool Speech/Language
Incentive Grant Program

Contact Person: Ruth Crawford
Speech Pathologist

Merced County Dept. of Education
632 W. 13th St.
Merced, CA 95340 (209) 723-2031

General Program Information

The concept of this program is to diagnose and provide service in both remedial and preventive aspects of communication handicaps. It serves children in the 3-5 age group. It is supported by federal (Incentive Grant) funds and has been in operation for 1 1/2 years. Children must be residents of Merced County, and are referred by parents, staff of preschools, or other adults or agencies. There are about 30 children in the speech/language therapy; about 70 are seen for evaluation only.

The program (1) provides diagnosis; (2) provides services when possible (therapy); gives teacher (staff) and parent workshops; works directly with preschool staffs w/ individual children; and refers them to other agencies as needed. The therapy is "somewhat 'short-term'; parent and staff information is directed at 'preventive' education."

Conduct of Program

The program sees children bi-weekly for 30-minute sessions. Head Start and Child Development students are given therapy at their sites; children not in preschool centers come to the Incentive Grant Office for therapy on a bi-weekly basis. The staff consists of the teacher and one aide. There is in-service training provided 2-3 times yearly by the Merced County Dept. of Education. The program is held in cooperation with several community agencies, Head Start, Central Valley Regional Center, physicians, etc. Children are seen either individually or in groups of two.

Children are assessed by the Preschool Language Scale (Zimmerman), the Peabody Picture Vocabulary Test, a Photo Articulation Test, and others as needed. Formal assessment is conducted at the start, during, and at the end of the school year. Informal assessment is by observation at home or in the preschool, and oral mechanism examination.

Published curricula include MEST (Materials for Expr. Syntax Therapy), "Teach Your Child to Talk,' PEEK, "Dev. Lang. Lessons," "My Friends and Me," etc.

Parents are encouraged in planning and home reinforcement; parents are given individual invitations to all workshops. Group meetings are held 2-3 times weekly. Individual contact varies; parents who bring children to the office are seen bi-weekly.

Program Effectiveness

Learning verification is provided by evaluations of workshops provided to parents and preschool staffs and involvement of adults attending with the children. Effectiveness can be determined by changes in children's speech/language patterns as shown by pre/post formal testing and observations of adults (parents, staff, professionals).

Dissemination and Technical Assistance

The program is available for visitation/observation. Having only one professional employee precludes outside training. The only criterion for adoption is the 3-5 age range of children.

A printed brochure describing the program is available, as are many handouts for the parents and staff.

Preschool Speech/Language
Incentive Grant Program - Merced County Dept. of Education

Head Start and
Indian Migrant Program Development

Stanislaus County Dept. of Education
801 County Center III Ct.
Modesto, CA 95355 (209) 526-6598

Contact Person: Lee Brooks

General Program Information

This Head Start program and I.M.P.D. (Indian Migrant Program Development) program include a percentage of handicapped children, according to Head Start guidelines. There are 45 handicapped out of the 493 children in Head Start, and 29 out of 580 in I.M.P.D. They range in age from infant to 5 years. The program is federally funded (Region IX A.C.Y.F.) and has been in operation for 11 years.

Learning, physically and communicatively handicapped children are served by the program. Criteria for acceptance are based on diagnostic guidelines as mandated by Head Start performance standards. Principles stated are: to promote a greater degree of social competence in children of low income families; improvement of child's health and physical abilities; and identification and integration of handicapped children. Program emphasis is on discovery and broad goals. The program is a comprehensive, interdisciplinary one which stresses cognitive, behavioral, developmental and medical approaches to instruction.

Conduct of Services

Children are served in a classroom situation, a home-based program or a combination of these. Home-based programs consist of a weekly visit; children attend center programs several hours a day. The program provides transportation or they are transported by their parents.

The staff for the entire program consists of four master teachers/program coordinators, 47 early childhood education teachers, 102 paraprofessionals, 30 parents/volunteers, 24 speech and language clinicians, psychologists, and seven registered nurses. Staff meetings are held bi-weekly, and inservice training monthly. Local community diagnostic, medical, and social service agency resources are utilized as necessary, as well as Educational Assessment Services.

All areas of development are included in the program. About 35% of instructional time is spent on a one-to-one basis. No special equipment or published curricula are used. Assessment is done pre and post and twice yearly, using materials by Thorpe, Betty Caldwell, Koontz, the Denver Developmental Screening Test, the Cooperative Preschool Inventory, the Cognitive Skills Assessment Battery, and the Inventory of Developmental Tasks. Informal assessment is done by observation, anecdotal records, and a locally-designed readiness checklist.

About 43-50% of the parents are actively involved in the program as volunteers, transporters, members of the planning team and advisory council, classroom aides, and program evaluators. There are group meetings with the staff monthly, and daily individual contact.

Program Effectiveness

For learning verification see: "HEW Executive Summary - Diagnosis and Assessment of Handicapped Children in Head Start" or "6th Annual Report of HEW on the Status of Handicapped Children in Head Start Programs." Evidence of effectiveness is indicated by parent feedback, the progress of Head Start children entering public school, and by HEW annual funding of the program.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. Criteria for adoption are the established Head Start performance standards. "A variety of materials have been developed at the 20 centers administered by this Grantee. A composite list is not available at this time."

Head Start and Indian Migrant Program Development - Stanislaus County Dept. of Education, Modesto

Physically Handicapped Special Classes - Pre-School

Stanislaus Special Education Service Region (SSESR)
801 County Center III Court
Modesto, CA 95355 (209) 526-6598

Contact Person: Mayris Baddell
Principal, Sonoma Sch.
1325 Sonoma Ave.
Modesta, CA 95355

General Program Information

This is "a center-based early intervention program providing age appropriate grouping of children 18 mo. to 5 years with orthopedic and health impairments who require intensive special education and services. Intensive physical/occupational therapy is provided by California Children Service Medical Therapy Unit which is located on the site. Speech and language, psychological services, and health services are also provided." Principles as stated are amelioration of the effects of the physical diability by: (1) assisting parents to develop positive, realistic attitudes and expectations of their child as an individual with unique abilities and disabilities; (2) providing intensive, consistent physical/occupational therapy to improve or maintain motor skills; (3) fostering the development of a positive self-image; and (4) fostering the development of self-help skills. The program stresses discovery and broad goals, following a developmental model.

There are 17 children served in this program. The 3-5 year old program has been in existence since 1970; the program has included children 18 mo. to 3 years since 1973. It is funded by the State Master Plan for Special Education. Eligible are "preschool-age pupils with orthopedic or health impairment diagnosed by a licensed physician and surgeon, who require intensive special education and services."

Conduct of Program

Children meet in a self-contained classroom for up to three hours a day, five days a week. "No preschool program for non-handicapped children operates on the school site. Those four-year-old pupils who can benefit are integrated into selected, appropriate regular kindergarten activities." Transportation is provided by the program.

There are two special education teachers, who are assisted by two paraprofessionals. Speech/language clinicians, occupational/physical therapists, and a psychologist are utilized as needed. Staff has bi-monthly meetings; others as needed. There is no separate inservice training for the preschool staff; they participate in the inservice planned for other special education staff at the school, district, and region, as well as that planned for all staff at the school site and district.

All developmental areas are included in instruction. Approximately 50-60% of the time is spent on a one-to-one basis. Various guides are utilized for instructional ideas. The Peabody Early Education Kit is used in instruction, as are a variety of equipment and materials which are appropriate for preschool physically handicapped children.

Formal assessment is made prior to entry and at least once a year thereafter. Instruments used, depending on age and physical abilities, include: Lexington Developmental Scales, Bayley Developmental Scale, Stanford-Binet, Leiter, Zimmerman Preschool Test for Speech & Language, Peabody Picture Vocabulary Test, Test for Auditory Comprehension at Language, Stanislaus Oral Language Test, Boehm Test of Basic Language Concepts, and Arizona Articulation Proficiency Scale. Informal assessment is by parent interview, physician/medical reports, and observation.

About 80% of the parents are active participants in the parent support group which plans monthly meetings/activities. In addition to parent participation in the development of the IEP and the annual review process, parent-teacher conferences are arranged as part of all parent/teacher conferences at the school, and teachers plan home visits at least two times a year. Group meetings are held bi-monthly; individual contact is at least monthly.

Program Effectiveness

Evidence of effectiveness of the program has been the success demonstrated in placing children in regular kindergarten classes following their preschool experience.

Dissemination and Technical Assistance

The program is available for visitation/observation. Agencies wishing to adopt a similar program should follow the criteria of the California Education Code, the California Administrative Code, and Title V. There has been no replication at this time.

Physically Handicapped Special Classes - Pre-School -- Stanislaus Spec. Educ. Service Region (SSESR) Modesto

TMR Preschool
Infant & Toddler Program
Multihandicapped Program

John F. Kennedy School
801 County Center III Ct.
Modesto, CA 95355 (209) 537-4731

Contact Person: Richard A. Phillips

General Program Information

This is a highly structured, developmental program serving the needs of children aged 0-5 with physical/severe handicaps. The trainable mentally retarded preschool (ages 3-5) has been in operation for 7 years; the program for infants and toddlers for 4 years. The program is funded by the Master Plan. There are 72 children served who are high risk and/or have significant developmental delays and/or physical handicap.

The following principles are stated for the program. (1) Assess and evaluate children on an on-going basis to determine their needs and evaluate progress. (2) Design an instructional program to meet their individual needs; modify program as needed. (3) Educate and train parents to work with their children. (4) Identify needed ancillary services.

Conduct of Program

This is a combination home and center-based program. Infants (0-18 months) receive at least one home visit (1 hour) per week and attend a center-based program for 2 hours once per week. Toddlers (18 mons-3 yrs) attend the center 3 days per week for 4 hours and may receive 1 home visit per week depending upon needs. The preschool children meet in the center for 6 hours, 5 days per week. Parents transport their infants without reimbursement; the toddlers and preschool children are transported by the program.

Besides the master teacher/program coordinator there are five special education-certified teachers on the staff. They are assisted by 12 infant technicians and aides, a speech and language clinician, two occupational and/or physical therapists, a psychologist and a nurse. Staff meetings are held twice monthly. There is no regularly scheduled inservice training.

All developmental areas are included in instruction. Percentage of one-on-one instruction is 50-75%, except for infants where the percentage is 90%. Curricula used are the San Juan Infant Development Program, ADAPT - assessment and training manual for SH, and a modified Monterey plan. Special equipment is used as needed. Services of the Valley Mountain Regional Center and California Children's Services are utilized. Assessment instruments used include the Bayley Scales of Infant Development, San Juan, Monterey and other speech and language developmental assessments such as Zimmerman Preschool Language Inventory. Formal assessment for infants is every 3 months; for toddlers, every 6 months; and for 3-5 year olds, once a year.

The Infant/Toddler program requires parent participation in a training program designed to teach parents how to work with their children to meet their needs. Parents also attend meetings and inservice sessions. Parents of infants meet with the staff weekly; there is weekly individual contact with the parents of infants and most toddlers.

Program Effectiveness

Evidence of effectiveness is provided by pre and post test scores on standardized tests, such as Baylor, and developmental assessments - pre and post tests.

Dissemination and Technical Assistance

The program is available for visitation/observation, with no criteria for adoption. The program has not been replicated.

TMR Preschool
Infant & Toddler Program - John F. Kennedy School, Modesto
Multihandicapped Program

Preschool Experimental

Napa County Superintendent of Schools
4032 Maher St.
Napa, CA 94558 (707) 224-3151

Contact Person: Bernice Bettencourt Braby

General Program Information

Children who are physically, communicatively and/or severely handicapped as defined in PL 94-142 guidelines are eligible for this program. It covers children from birth to 5, and currently serves 95. It is funded by the state and federal governments.

Principles subscribed to are these: (1) Parents are primary teachers of their children. (2) It is important for staff to have indepth empathy as normal child development processes and to have ways to educate parents in these. (3) Observe, respect and trust child's current developmental level, his ways of functioning and interacting with the world - to help him function there and move on. (4) Teach to individual needs using structured data based programs and teaching sequences. (5) It is important to work with other agencies to provide coordinated, unduplicated services.

The program follows a developmental model, balancing specific short-term objectives and structured setting with discovery and broad goals.

Conduct of Program

A combination of programs is offered, based on a child's needs. Children can be served in a home-based program 1 hour per week and/or a self-contained or integrated classroom for up to 5 days per week. Transportation is provided by the program. Social Service agencies used in the program include Public Health, North Bay Regional Center, and California Children's Services.

There are 11 special education teachers. They are aided by two speech and language clinicians, two occupational and/or physical therapists, and a psychologist. Staff meetings are held weekly.

Instruction is given across all developmental areas, using materials from the San Juan Handicapped Infant Project, and Brigance, Circle Preschool, and the Learning Accomplishment Profile. Percentage of one-on-one instruction varies with program setting, from 100% at home to as little as 10% in an integrated setting.

A variety of assessment materials is used: Bayley Scale, REEL, Stanford Form (Gross Motor), San Juan Profile, Circle Preschool, LAP and Brigance. Formal assessment for infants occurs every 3-6 months, older children are assessed annualy. Informal assessment is by observation, i.e. data collection on social play.

About 50% of the parents actively participate in the program as volunteers. Besides participating with the children in a classroom setting, parents are involved in group meetings and the home visits. Group and individual meetings vary in frequency from often to seldom.

Program Effectiveness

An annual written evaluation is made to assess program effectiveness.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There are no criteria for adoption. No replication has been made.

Preschool Experimental - Napa County Sup't of Schools, Napa

Home/School Facilitator

Contact Person: Milton B. LeCouteur

Butte County Supt. of Schools Office
5-A County Center Drive
Oroville, CA 95965 (916) 534-4241

General Program Information

"Home/School Facilitator is a supplemental program to reinforce the school program in the home; to achieve certain objectives; help parents gain certain skills; and provide counseling and referral services." Twenty-five children, ages 3-5, are served. Most children are substantially handicapped and are presently enrolled in a special day class. A 0-3 year "Experimental" MH program is also being operated, using the same model. Children can have any type of handicap and must be in need of additional home-based services or home-based services in lieu of classroom services. It is funded by 94-142 Incentive Grant money and has been in operation for 1 1/2 years.

Principles stated are that: (1) early intervention can decrease the effects of disability; (2) parents are very often the key to effective intervention of young children; (3) good quality liaison between home and school can make a difference; and (4) that parents can learn new behaviors too. It is fairly structured, stressing short-term objectives; a behavioral/developmental model is followed

Conduct of Program

Children are seen at home on a frequency ranging from daily to once a week, depending on need and his/her placement in a classroom situation. Transportation is provided as necessary.

The staff consists of two special education teachers and two aides. Services of many other special education specialists are used as needed, as are the resources of CCS; and the Regional Center. The staff has meetings every two weeks; inservice training on an average of once a month.

All developmental areas are included in instruction, with 95% of the time spent on a one-to-one basis. No published curricula is utilized. Formal assessment can range from daily to monthly, using such assessment instruments as the Butte County Sequence of Skills, and the Butte County Infant/Toddler Skills Profile. Informal assessment is based on IEP behavioral objectives.

All parents are actively involved in the program, as teachers, members of the planning team and in learning to be more effective parents and managers. Individual contact between parents and staff averages once per week.

Program Effectiveness

Learning verification is provided by analysis of Individual Educational Plans. Effectiveness of the program can be judged by the number of objectives reached.

Dissemination and Technical Assistance

Dissemination/training assistance has not been considered. No criteria would be required. There has been no replication. An Assessment Profile has been developed by the program.

Home/School Facilitator - Butte County Supt. of Schools Office, Oroville

Master Plan for Special Education

Contact Person: Kay Corbin

Contra Costa County Supt.
of Schools - Region II
950 El Pueblo Drive
Pittsburg, CA 94565 (415) 432-3546

General Program Information

This is a program for children with communicative handicaps and sensory motor disabilities. It teaches developmental skills in these areas. It serves 21 3 to 5 year old children in a state funded (AB 1250 - AB 8) program. Criteria for acceptance are according to the rules and regulations according to the Master Plan. The program has been operational for 2 years.

It is a fairly structured program, following the principles of the Contra Costa County Comprehensive Plan for Special Education. Specific short-term objectives are stressed according to each child's IEP.

Conduct of Program

Children meet in a self-contained classroom, with home visits made by the staff monthly. Opportunities for mainstreaming occupy about 10% of the time. Bus transportation is provided by the program.

There are three teachers, certified in special education. They are assisted by parents and/or volunteers, speech and language clinicians, occupational and/or physical therapists, a psychologist, program specialists, and adaptive PE teachers. Older students come in as tutors. Staff meetings are held twice or three times per month; inservice training, monthly. Community agencies are involved on an individual basis.

All developmental areas are included, using many different kinds of curricula. Percentage of one-on-one instructional time varies. No special equipment is used. Children are formally assessed at entrance and exit, using the Stanford Binet Intelligence Scale, Peabody Picture Vocabulary, McCarthy, and Boehm. Informal assessment is by observation; also,"Draw a Person, Behavior, Rating Scale."

About 25% of the parents are active participants as volunteers. Parents participate in conferences, home and school observations. Counseling is available.

Program Effectiveness

Evidence of effectiveness is shown in the progress on the Individualized Education Plans.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. There are no criteria for adoption. The program has been replicated an indeterminate number of times.

Master Plan for Special Education - Contra Costa County Supt. of Schools, Reg. II, Pittsburg

Therapeutic Instruction Preschool Program

Casa Colina Hospital
Children's Services Center
255 E. Bonita Ave.
Pomona, CA 91767 (714) 593-7521
Ext. 275

Contact Person: Elizabeth M. Neumann, PhD
Lois Wurmbrand, TIPP
Coordinator

General Program Information

This is a program for learning, physically, and severely handicapped children, ages 18 months to 5 years. The "child must have intensive special needs and/or no other school program is available to meet the child's needs." Funding for this one-year-old program is by the federal government. There are 30 children currently being served.

Principles on which the program is based are: "(1) developmental prescriptive model with team approach to educational assessment planning and program implementation; (2) teacher is pivotal professional; (3) parent - advocacy training; (4) two pronged approach to early childhood; (5) emphasis on child's strengths." One of the unique features of the model is that they try to blend the structured-teacher directed approach with child choice - discovery methods of program implementation.

Conduct of Program

Children are in self-contained classrooms. The program tends to be fairly non-categorical, so that the autistic children spend 75% of their time in the 3-5 yr. old class of neurologically handicapped children, however all of the children are in special education programs. Transportation is provided by the program.

The staff consists of a program coordinator, special education teachers, paraprofessionals, parents/volunteers, speech/language clinicians, occupational/physical therapists, and psychologists. Two MFCC (Marriage, family, child counselors) parent coordinators are employed. The program has a IV-C grant to develop a model for 0-5 Search & Serve so that diagnostics services are on site. The therapy staff works in the classrooms and they are also on site. Close relations are maintained with the Regional Center. Staff and inservice meetings are held monthly. The teachers often attend workshops or conferences.

Percentage of one-to-one instruction varies with the classroom, averaging 25%. The younger children receive more individual attention, as do children in the autistic classroom. Cognitive, self-help, fine motor and perceptual-motor developmental areas are included in the program. The program uses a Competency Curriculum which was developed in their BEH demonstration and Outreach programs. Adaptive equipment is used for physically-involved children. Children are formally assessed twice a year using the: Bayley Scales of Infant Development; McCarthy Scales of Children's Abilities, Alpern-Boll Developmental

Profile; Merrill Palmer, Leiter, WPPSI materials, and the Brekken Drouin Developmental Spotcheck. Informal assessment is accomplished by social behavior observation, time sampling, event recording, antecedent behavior - consequence recording.

About 95% of the parents are actively involved in the program as volunteers, members of the planning team, classroom aides, educational activities (Parent Advocate Training), and fund raising. Staff/parent group meetings are held weekly; individual contact is on an average of once monthly. although it varies among parents.

Program Effectiveness

"Studies of child progress, parent satisfaction and comparison group data are available - predicted placement study demonstrated effects of future child placement." Evidences of effectiveness are that: (1) children make developmental progress at a significantly higher rate than before program entry; (2) children are placed in less restrictive placement on graduation (58% enter normal placements); (3) children make significantly better developmental progress than a comparison group in another special education program.

Dissemination and Technical Assistance

All types and degree of technical assistance are available through Title IV-C grants - traveling seminars and assistance in writing adoption grants. Criteria for adoption are not stated. The program has not been replicated as yet although several districts have expressed an interest.

The Casa Colina Competency Curriculum, a developmental prescritive approach to early childhood special ed using a team approach to assessment and implementation, is available from this program. Planning forms are included in the curriculum. The Brekken Drouin Developmental Spotcheck, an observational developmental measure with curriculum items (corresponding), is included in the curriculum but available separately. Literature on Parent Advocacy Training (PAT) gives parents information and skills necessary to become active participants in their child's education as "the primary case manager." There is also a brochure describing the Therapeutic Instruction Preschool Program.

Therapeutic Instruction Preschool Program - Casa Colina Hospital, Pomona

Dysphasia South

Contact Person: Dr. Theodore N. Clair

San Mateo County Office of Education
333 Main Street
Redwood City, CA 94063 (415) 364-5600
Ext. 4530/4540

General Program Information

This is a program for communicatively handicapped children. It encompasses 101 children from ages 3 to 21. It is funded by the state. Admission is decided by committee following code and Title 5 criteria and California state law.

Principles are to: "provide equal educational opportunity for handicapped students; help students improve language skills and/or compensate for language deficiencies; help students to achieve at highest academic level commensurate with intellectual level considering language deficiencies." Instruction is fairly structured, with emphasis on specific short-term objectives. The program provides "instruction, academic remediation, language and speech help. Total child cognitive and affective learning is emphasized."

Conduct of Program

Children are served in a self-contained classroom. A 20% integration with normal children is mostly recreational; there is some classroom integration. Transportation is provided by the program.

Staff includes a program coordinator and 15 teachers, certified in special education and/or speech. There are 11 paraprofessionals, five parents/volunteers, two speech and language clinicians, a psychologist, and a social worker. Staff meetings are held every 2-3 weeks; inservice training 3-4 times during the academic year.

All areas of development are covered in the program. Percentage of one-to-one instruction varies, and can be by an itinerant speech or instructional aide or teacher. A San Mateo Curriculum Guide is followed. Assessment is made 3 times during the year. Assessment instruments used include: Wechsler, Stanford Binet, Illinois Test of Psycholinguistic Ability, and Detroit Test of Language Assessment. Informal assessment is made by speech samples and teacher-made tests. No special equipment is needed in carrying out the program. Social service agency assistance is used as required.

Parent participation is vigorous, in parents' advisory committee and parent organization, "Parents of Dysphasic Children." About 20-30% of the parents are involved in these activities. Group meetings are held every two weeks or more; individual contact can be every day. Parents are adamant about mainstreaming. They are presently involved in a survey of available classroom facilities in the district.

Program Effectiveness

A longitudinal study has been done with the Detroit Test of Learning Aptitude in relation to learning verification. Evidence of effectiveness is shown by pre and post testing.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation; also for workshops/training on site. Assistance can also be provided by an inservice county office. There are criteria for adoption. Replication if any is unknown. Materials developed by the program include the aforementioned Curriculum Guide and admisssions, referral, verification and permission forms. The Parents of Dysphasic Children put out a brochure.

Dysphasia South - San Mateo County Office of Education, Redwood City

Orthopedically Handicapped Program

San Mateo County Special Education
333 Main Street
Redwood City, CA 94063 (415) 364-5600

Contact Person: Elizabeth A. Sekreta
Principal/Program
Manager

General Program Information

This is a program for certifiable orthopedically handicapped children aged 3 to 21. There are 125 children currently served in the program, from the entire county service area.

Conduct of Program

Children meet six hours a day, five times a week in a classroom center. Transportation is provided by the program.

The staff of the OH program meet once a week. Developmental areas included are: cognitive/preacademic/academic, self-help and language/speech. An electric typewriter and visual aids are used in carrying out the program. Children are formally assessed once a year.

Approximately one-half of the parents are active participants in the program. They serve on the advisory council. The staff meets with the parents individually twice a year.

Program Effectiveness

No information on program evaluation or effectiveness was furnished by the program.

Dissemination and Technical Assistance

No information was provided on dissemination and/or technical assistance.

Full Potential Program

Contact Person: Pendery Clark

Contra Costa Co. Supt. of Schools
719 - 5th St., Room 2
Richmond, CA 94801 (415) 232-7339

General Program Information

"The Full Potential Program is a federally funded project which serves language and motor delayed children, aged 18 months to 4 years. The program combines structured daily instruction with a group-oriented preschool emphasizing language and motor skills. A unique feature of the program is its use of senior citizens as aides and learning-disabled elementary students as cross-age tutors. The program is located in a Richmond Unified School District and works closely with Knolls Language Center and George Miller West Development Center."

The program is based on the principles that (1) a mixed population of children provides opportunities for modeling in areas of strengths and weaknesses - population becomes part of the curriculum, and (2) the developmentally based model emphasizes language stimulation techniques and sensory motor integration activities. It combines a specific diagnostic approach with an open model early childhood curriculum. It is funded by BEH and HCEEP, serves 16 children and has been in operation for 2 1/2 years.

Acceptance into the program is by referral because of moderate to severe delay in language and/or motor on standardized developmental tests, and determination by a committee that the child can benefit from the program.

Conduct of Program

Placement is in a self-contained classroom only, because there is no normal program of the appropriate age range available in the area. The program provides bus transportation.

The staff includes the project director, who gives 20% of his time to the program, three teachers certified in special and early childhood education, and three senior citizen teacher aides. Other personnel include a speech and language clinician, a consulting psychologist, a sensory motor integrationist, and six learning-disabled cross-age tutors. Formal staff meetings are held weekly, informal ones daily. Inservice training for teachers is held 2-3 times a year, once a week for senior citizen aides and tutors.

Published curricula used include Karnes Early Language Activities, and the Capon Perceptual Motor Program, published by Front Row Experience, Alameda. The Koontz Child Development Program, Peabody Picture Vocabulary Test, and project developed language and motor curricula are used for pre and post assessment. Informal assessment is by observation and anecdotal records. No special equipment is required to carry out the program.

About 10-20% of the instructional time is spent on one-to-one instruction. A greater percentage that that is precluded by a ratio of 3 staff to 15 children.

Approximately 30-40% of the parents actively participate in the program as volunteers, observers, and members of the advisory council. The parents are encouraged to come to the school once a month to observe their child in the school setting; also, the staff makes monthly home visits taking activities to parents to use at home with their child. There are also monthly parent meetings, both educational and social.

Program Effectiveness

Of 22 children exited from the program in the past two years, 13 went to normal settings, which is seen to indicate the effectiveness of the program.

Dissemination and Technical Assistance

Currently this program is providing training only within the local geographical area (Alameda and Contra Costa counties) at no cost. The program is available for visitation/observation, phone and/or mail consultation, and its personnel will conduct workshops/training at their own site. There are no criteria for adoption. The program has developed instructional material in language and motor areas, including objectives and data recording dorms. It also has brochures available on "Training Senior Citizens as Teacher Aides;" and "Training LD Cross-age Tutors."

Full Potential Program - Contra Costa Co. Supt. of Schools, Richmond

George Miller Development Center West

Contact Person: Pendery Clark

Contra Costa County Supt. of Schools
George Miller Memorial Development Center West
2801 Robert H. Miller Drive
Richmond, CA 94806 (415) 222-0881

General Program Information

George Miller West serves 50 children, 18 months to 21 years (14 ages 5 and below), who are severely and profoundly handicapped, in a development center funded jointly by Contra Costa County Schools and County Medical Services. The program has been in operation for 11 years. "Title 5 regulations mandate that the eligibility and planning team shall determine that the individual is severely physically and/or mentally handicapped and would be most appropriately placed in a development center."

The Center provides a respite for families so they are able to keep their developmentally disabled child at home rather than in an institution. It subscribes to the principles that severely handicapped children can learn and demonstrate growth, particularly in the areas of self-help and socialization, given an appropriate educational program; and that severely handicapped children and their families need a comprehensive program of services to meet their various needs. Each classroom has its own distinctive approach, including curriculum, assessment and individualized instruction. The program follows a developmental model primarily, but because of funding by the County Medical Services, much of the total program is based on the medical model. It maintains a middle ground between specific short-term objectives and broad goals.

Conduct of Program

Children are integrated into four classrooms depending on their individual instructional needs. They spend 6 hours a day, 5 days a week at the center. Some of the ambulatory children spend 1 hour a week at a near-by preschool program for less severely handicapped children. A community involvement program is conducted which takes the children into the community weekly. The program provides bus transportation.

The staff consists of a supervising Head Teacher, and five special education teachers. They are assisted by 10 paraprofessionals, a half-time speech and language clinician, four occupational and/or physical therapists, two PT aides, and a part-time psychologist. Also utilized are student nurses, student teachers, a social worker and a variable number of respite workers. The County medical staff provides medical and physical therapy services; Regional Center services are also utilized. Staff meetings are held every other week; inservice training monthly.

The school staff provides educational assessment and instruction in the areas of self-help, communication, gross and fine motor, and socialization skills. About 50% of the time is spent in one-on-one instruction. Small group activities

are conducted whenever possible (10 children/1 teacher/2 aides to a classroom). All of the teachers use a variety of curriculum materials in their individualized instruction. Adaptive and physical therapy equipment is used in the Center. Assessment materials include: Koontz Child Development Program, Bayley Scales of Infant Development, DASIE, criterion referenced checklists, IEP objects, Brigance Inventory of Early Development. Children are formally assessed pre/post and with an annual IEP review. Informal assessment procedures are by observation and anecdotal records.

There is a small, very active parents group which raises money and supports the program in many ways. Each teacher involves parents in a variety of ways; home visits, classroom sessions, phoning, etc. Active participation averages about 25%.

Program Effectiveness

Efeectiveness of the program is shown by the numbers of children able to move into TMR programs - 1-2 per year in the 0-5 year group. Value of the program can also be shown in the increasing number of children residing in the community rather than in institutions.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site and phone and/or mail consultation. Criteria for adoption are determined by Title 5 regulations governing Development Centers for the Handicapped.

"This program is one of the few joint (medical/educational) model DCH programs in the state providing a quality educational program, physical therapy, occupational therapy, nursing services, a therapy pool and an active community involvement program." "A similar model exists in Central Contra Costa County."

George Miller Development Center West - Contra Costa County Supt. of Schools, Richmond

Tree Valley Preschool Program

Contact Person: Martha W. Buxton

Contra Costa Co. Supt. of Schools
719 - 5th St., Room 2
Richmond, CA 94801 (415) 232-7339

General Program Information

This program began as two separate special day classes for communicatively handicapped and severely handicapped children in September 1979. However, in order to serve the students most effectively, it was combined into a team teaching situation. Sixteen children between the ages of 3 and 6 are served. The program is Master Plan funded. Acceptance is based on an Educational Assessment Service decision that the program provides the necessary services.

The following principles are stated: (1) developmental[illegible]-based; (2) strong emphasis on language development and total communication; (3) totally individualized; (4) high staff to student ratio (at least 1 to 3); (5) designed to serve a wide range of handicaps. It is concerned with the child's needs, not handicapping labels. The program combines a highly structured morning session with a supervised free-play afternoon."

Conduct of Program

Instruction is center/classroom based, 4 1/2 hours a day, 5 days a week. It is a self-contained classroom with no interaction with other programs. There is a separate home-based program in which some of the students are involved. Transportation is provided by the program.

The staff consists of a program coordinator, two teachers who are certified in special education, and three aides. Also available are a speech and language clinician, two occupational and/or physical therapists, two NYC workers, a remedial PE specialists and aide, a program specialist, a social worker and a music teacher. Staff meetings are held once a week; inservice training, monthly.

About 20% of the time is spent on one-on-one instruction. Gross motor equipment and self-help materials are used. Curricula used include materials by Peabody, DLM, and Fairbanks-Robinson. The children are frequently taken on field trips out into the community for socialization experiences. Assessment materials include Brigance, and Systems 4 Language - formal assessment being made twice a year. Informal assessment is by observation and parent interviews.

About 25% of the parents help with the field trips. "When the program began in September, a potluck was held to survey parental desires. No interest was expressed at the time. However, parent group inservices are being offered again starting in January." The staff has periodic meetings with the parents; individual contacts are ongoing and constant. Daily "talk books" are sent home with each child in addition to frequent talks with the parents.

Program Effectiveness

So far there have been no learning verification or studies done. At this time, effectiveness of the program is based on (1) parental satisfaction, and (2) successful completion of IEP goals.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There are no criteria for adoption. Replication has not been made.

Tree Valley Preschool Program - Contra Costa Co. Supt. of Schools, Richmond

La Esperanza Development Centers
for Handicapped Minors

Contact Person: Jay S. Parnes

La Esperanza Development Centers
for Handicapped Minors
1280 Commodore Drive West
San Bruno, CA 94066 (415) 877-5432

General Program Information

This is a program for the severely handicapped which serves children from three to 21 years of age. Children must be mentally retarded plus have one or more developmental disabilities. It serves San Mateo County with a combination of federal, state, and local funds. The program emphasizes activity daily living scales and provides respite care. It uses all models in instruction: cognitive, behavioral, developmental and medical. The teaching staff keeps anecdotal records, as well as charts, graphs and checklists.

Conduct of Program

This is a full-day program in a totally self-contained classroom. Transportation is provided by the program. Social service agencies and medical facilities in the area are utilized as necessary.

The teachers on the staff are assisted by two paraprofessionals, two speech and language clinicians, a psychologist and a sensory motor teacher. Staff meetings are held once a week. Inservice training is available twice a year.

All developmental areas are included in instruction. About 25% of the time is spent on a one-on-one basis. No published curricula are used, but an extensive variety of adaptive physical aids is utilized in the program. Formal assessment is undertaken every three years, using T.A.R.C. and the Brigance Diagnostic Inventory.

About 50% of the parents are actively involved in the program as volunteers. Group meetings are held between staff and parents once a month.

Program Effectiveness

No information was provided on program effectiveness.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. In addition, workshops/training on site and workshops/training, follow-up visits and program monitoring at adopting sites are offered. There has been no replication to date.

TMR Preschool

Contact Person: Joe C. Marx
Program Manager

Palos Verdes School &
Los Amigos School
1290 Commodore Drive
San Bruno, CA 94066 (415)871-4898

General Program Information

This is a program for trainable mentally retarded children aged 3-5. At the present time 16 children are being served. Funding is by the state. The program has been in operation for 3 years.

The program follows a developmental model and is fairly structured, leaning toward specific short-term objectives. It concentrates on sensory-motor skills, social skills, cognitive skills, parent education and self-help skills.

Conduct of Program

Children are served in a self-contained classroom for half-day sessions. Parents may enroll their child in a private "normal" nursery school in the afternoon, giving them a half-day of mainstreaming. At present, there is one special education teacher and one aide for eight children; unless the TMR law is changed, there will be only a teacher for 12 pupils. In addition, the program uses the services of a speech/language clinician one day a week, and a psychologist one hour a week. The program provides a van for transportation.

All developmental areas are included in instruction. At present, 40 minutes a day are spent on a one-to-one basis, however, the ratio of two adults to eight pupils probably can't be funded beyond this year. Assessment is accomplished once a year using the Brigance Diagnostic Inventory. Informal assessment procedures are the teacher's choice. No special equipment is used to carry out the program. The Brigance Inventory is also used as a curriculum guide.

All parents participate in the program. The parents spend one day per week in the classroom working with a child other than their own. This provides individual staff/parent contact on a weekly basis.

Program Effectiveness

Records have been kept showing the growth of the children; about 30% have improved enough to be placed in Educable Mentally Retarded classes. Pre and post-tests show more than 50% growth for 50 IQ pupils (using adaptive measures - not IQ tests).

Dissemination and Technical Assistance

The program is available for visitation/observation and workshops/training on site. A former teacher has volunteered to do training for possible replication sites in the evening at no cost. There are no criteria for adoption. Note: "The special teacher with 'Early Childhood Training' was assigned to an older Learning Disabled class due to staff cutbacks." There has been no replication as yet.

TMR Preschool - Palos Verdes School & Los Amigos School, San Bruno

EARLY ON Outreach Program

Dept. of Special Education
San Diego State University
San Diego, CA 92182 (714) 265-6974

Contact Person: Barbara Hurlbert
Program Specialist

General Program Description

"The EARLY ON Program has been receiving funding from the Bureau of Education for the Handicapped since 1974 to (1) develop exemplary procedures for delivering quality educational programs to handicapped children and their families and (2) to share these procedures with others interested in initiating or improving the delivery of educational programs to such a population of children." The program serves multi-handicapped developmentally disabled children between birth and eight years of age. There are 16 children served in two direct replication sites.

"The model procedures establish a productive alliance with parents in educating their children through home and school. This program serves as a model utilized to provide inservice and preservice education and training of persons working with or preparing to work with severely handicapped children." It is a highly structured, behavioral model program.

Conduct of Program

"Each model center operates two interrelated and interacting services to the children: a classroom-based program, and a home-based program. All children participate in both components of this basic service unit. Determination of the degree of participation in the child school-centered service is made after completion of a nominal number of sessions and contacts within the parent home-based program." "Since the population served is diverse, the amount of time children are integrated varies - an attempt is made to integrate all children." Parents either bring children in and are reimbursed or the program provides transportation.

There is a program coordinator and one special education teacher, who are assisted by two-three aides. "The original program model utlized one diagnostic teacher and three aides to serve 10 children (one of the aides also served as a Home Visitor)." Staff meetings are held 15-20 minutes daily, inservice training is ongoing. One full time staff member carries out all Outreach training activities.

All developmental areas are included in the program. Individualized activities are conducted in small group (2-3) situations. A large number of resource material is utilized in the program - primary sources mentioned are: BCP Method Cards: Self Help Skills, Social Skills, Communication Skills, Learning Skills, Motor Skills; the Behavioral Characteristics Progression Chart; the LAP and Infant LAP; Language Acquisition Program for the Retarded or Multiply Impaired; the Live

Oak Curriculum; Never Too Young: An Atypical Infant Stimulation Curriculum; Portage Project materials; Teaching Your Down's Syndrome Infant: A Guide to Parents; Teaching Research Curriculum for Moderately and Severely Handicapped; and Toilet Training the Handicapped Child.

Children are formally assessed every three months using the Alpern-Boll Developmental Profile (as pre and post - at 6 month intervals), the Learning Accomplishment Profile, Portage Checklist, Language Acquisition Program, and Brigance. Informal assessment is by a critical observation technique utilizing anecdotal data or frequency recording. "Performance of the child's progress and evaluation of the effectiveness of planning is accomplished daily through the program's learner tracking system. Continuous records are kept of the child's progress both in home and school. Such information is reviewed daily by the diagnostic teacher. Appropriate changes are made in the child's program daily in response to the information gained from the learner tracking system."

All parents participate in the program as volunteers and teachers. Parents are seen weekly for home visits. A staff member (Diagnostic teacher or trained paraprofessional) develops specific learning activities for each child and trains the parent to implement and record data on a daily basis. Parent Education meetings are held periodically throughout the year.

Program Effectiveness

Evidence of effectiveness is shown by pre and post Alpern-Boll scores and summaries of pupil performance data on a monthly basis.

Dissemination and Technical Assistance

Extensive training and technical assistance are available. Adopting agencies must agree to implement at least one component of the model for a period of two months with EARLY ON follow-up and evaluation after four weeks. More information on technical assistance may be requested from the program. To date, 12 sites are replicating all or some program components.

EARLY ON Project materials available at cost include an Article: Overview of the EARLY ON Instructional Management System; Diagnostic Teacher's Handbook: EARLY ON Home Intervention Program; and EARLY ON Instructional Management System Forms. A brochure and mimeographed materials on Technical Assistance and Training are also available from the program.

EARLY ON Outreach Program -Dept. of Spec. Education, San Diego

Project HOPE

Contact Person: Virginia McDonald

San Diego County Dept. of Education
6401 Linda Vista Road
San Diego, CA 92111 (714) 292-3700

General Program Information

"Project HOPE provides a home-based and small group instructional program to developmentally delayed children from birth to 4.9 years of age. The program utilizes the skills of a multidisciplinary team to provide educational assessment, planning, and programming which assists parents in working more effectively with their young handicapped child." "The Project Hope program is based on the following philosophical assumptions: (1) parents can be successful teachers with their children; (2) developmental approach in which objectives and activities are matched to the child's developmental level; and (3) interdisciplinary model in which staff members are learners as well as teachers." Goals and objectives are established for each child, but the program also emphasizes that play is a vehicle for learning. Cognitive and developmental models are followed.

This is a federal/state funded program which has been in operation for 5 years. There are 80 children in the program. Criteria for acceptance are: "(1) 0 - 4.9 years of age; (2) reside outside San Diego City; (3) one year's delay in one of five developmental areas or identified "at risk"; (4) no other public school program is available."

Conduct of Program

"The program alternates biweekly home visits with small group, parent/infant/toddler meetings. The small group sessions are an effective means of presenting information on child development, provide an opportunity for staff to model, provide parents with a support system of other parents, and reduce the isolation of an exclusively home-based program." Whenever possible, placement is made in Headstart or a State Preschool Program. Parents transport children without reimbursement and staff members and other parents assist with transportation. "Transportation continues to be a problem for low income families in remote rural areas."

The staff includes a master teacher/program coordinator and four teachers certified in early childhood and special education. Assisting are five paraprofessionals, three parents/volunteers, a speech/language clinician, an occupational/physical therapist, psychologist, and a school nurse. There is also a child development specialist with a Adult Education Credential. There is a team leaders' meeting once a week, and a general staff meeting once a week. Inservice training is held twice a month.

All developmental areas are covered in the program instruction. Eighty percent of instructional time is spent on a one-to-one basis. Published curricula used include the Hawaii Early Learning Program and the Portage Guide to Early Education. Formal assessment is carried out annually using the

Alpern-Boll Developmental Profile, Minnesota Preschool Developmental Profile and REEL. Informal assessment procedures used are: developmental history and multidisciplinary team observations. Educational materials appropriate for young children are used, as are curriculum planning materials such as San Juan, and the Hawaii Guide. California Children's Services and the Regional Center are used for referral and to obtain diagnostic information that can aid in program planning.

"Parents are provided an instruction program for their child on an individual basis in the home. In addition, regional meetings for parents are held twice a month in which 5 or 6 parents come together to participate in a parent education program using a staff developed parent curriculum." About 60% of the parents participate in these group meetings.

Program Effectiveness

Learning verification and evaluation of effectiveness of the program are evidenced by the annual evaluation report.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site, and phone and/or mail consultation. They have not become involved in adoption training. "The program technical assistance has been limited to the San Diego area, where we provide technical assistance and workshops for Headstart, State Preschools, and other agencies upon request."

Materials developed by the program include standard release and parent consent forms, and IEP forms, a descriptive flyer for the program and a Resource Directory of Agencies Serving Young Children with Special Needs. In press as of December 1979 were: a series of materials for parents to use with their child that explains the sensory systems and appropriate activities; and a manual for program managers to use as training materials with home teachers.

Project HOPE - San Diego County Dept. of Education, San Diego

Project HOPE Preschool Mobile Van

Contact Person: Virginia McDonald

San Diego County Department of Education
6401 Linda Vista Road
San Diego, CA (714) 292-3700

General Program Information

"The Project HOPE Preschool Mobile Van program assists preschool teachers with screening of preschool children, in-depth assessment on the children with learning problems, referral to district or community diagnostic teams, formulation of individual education plans and teaching strategies for target children. Inservice is also provided by a multidisciplinary team to parents and teachers." It serves 13 children between the ages of 3.0 - 4.9 years, is funded by Incentive Grant and State ADA money, and has been operational for 1 1/2 years.

Children who are served must have one year or more delay on HOPE screening instrument in one or more areas (gross motor, fine motor, language, cognitive) and attend school outside the city of San Diego. Principles of the program are: (1) emphasis on the process rather than the product of learning; (2) multisensory approach - avoidance of splinter skills; (3) early intervention to remediate potential learning problems. (4) multidisciplinary team approach for inservice and intervention, and (5) child-centered approach with parent participation. Both short-term objectives and annual goals are set, using teacher/parent input, and are based on a multisensory, developmental approach.

Conduct of Program

HOPE helps preschool teachers in classroom situations by providing direct service 4 days per week for four to six weeks at each school site selected. Some children with potential learning problems spend whole days in regular preschool, others are in special preschool classes. HOPE aids both types of classroom teachers in screening, assessment, and program planning.

The HOPE staff consists of a master teacher/program coordinator and two early childhood/special education/speech and language-certified teachers. They are aided by parents/volunteers, a speech and language clinician, an occupational/physical therapist and a psychologist. Staff meetings are held twice a week, once with the HOPE staff and once with preschool teachers. Inservice training is held once a week for 4-6 weeks.

About 25% of the instructional time is on a one-to-one basis. "Objectives can often be accomplished through group activities if teacher is focused on needs." All developmental areas are included in instruction. Curricula used include: Developmental Learning Materials, Peabody Language Development Kit, and Learning Staircase. "Young Children in Action, A Manual for preschool educators - Hohmann, Banet, and Weikart, is very helpful." Children are assessed 3-4 times, at entry and to update objectives. HOPE screening and assessment tools are based on input from the Brigance Preschool Inventory, the Developmental Activities Screening Inventory, and the University of Michigan Preschool Developmental Profile. Also, an Alpern-Boll Developmental Profile is used. Informal

assessment is done by the Project HOPE van checklist, observations by the multidisciplinary team, parent/teacher reports, and anecdotal records.

Parent participation depends on school site. "Minimally, parents are invited to give input into assessment and IEPs. Optimally (depending on school/teacher philosophy and parents' availability), parents help in classroom screening activities, i.e., all phases. Inservice is also provided to parents via HOPE Parent Educator."

Program Effectiveness

Learning verification is shown by progress on IEP goals and objectives. Effectiveness of the program is attested to by the fact that teachers report a great increase in children's self-concept; that children show enthusiasm and ask to be included each time, and that Alpern-Boll scores increase.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training at adopting sites, and phone and/or mail consultation. An UCSD extension course for college credit is based on the preschool program. There are no criteria for adoption. "Technical assistance has been limited to the San Diego County area, where we provide assistance and workshops for Headstart, State preschools, and other agencies on request."

HOPE profile sheets, screening and assessment tools are available upon request.

Project HOPE Preschool Mobile Van - San Diego County Dept. of Education, San Diego

Preschool Demonstration Project

San Jose State University
125 South 7th St.
San Jose, CA 94402

Contact Person: Ms. Christopher H. Grossman

General Program Information

This Preschool Demonstration Project, funded by BEH, serves as a University Child Laboratory. It "regards the philosophy of Jean Piaget as a guide for the program's curriculum model. The importance of social interaction and child-motivated discovery learning is emphasized for both handicapped and non-handicapped preschoolers. Children are viewed as learning imitators operating within carefully pre-planned environments at their own developmental levels. Environments are designed to foster independence and encourage integrative peer interactions and the constructive use of time and material."

"A variety of handicapped children who are considered to be within the mild to moderate range of disability and who are 3 to 5.11 years of age are currently being served." A total of 22 preschoolers are enrolled including 16 non-handicapped and 6 learning handicapped (developmentally delayed, Down's Syndrome, etc.).

Conduct of Program

Children meet in the integrated classroom for 3 hours a day, 5 days a week. In most cases the parents transport without reimbursement. Some children are transported by the school district or through the local Regional Center. It is "difficult to obtain transportation through districts for children in a non-district program."

The staff consists of a program coordinator and two early childhood education teachers. There are two student interns per semester, and two or three parents/volunteers per week. University speech and hearing and occupational therapy services for diagnostic workups and therapy are available outside of class time. There is one administrative meeting per week, and 2-3 debriefings on children per week.

All developmental areas are represented in the program curriculum. There is no one-to-one instruction - in a Piagetian-based program, specific tasks are not taught. The LAP-D is used for assessment twice a year and a test developed by Dr. Robert Spaulding of San Jose State University referred to as CASES, is used continually throughout the year. No special equipment or published curricula are used.

"Parent involvement is a vital part of the Demonstration Project. Opportunities for family interaction include center group meetings, specific training

in child development, classroom observation and participation, individual child progress conferences, home visits and informal social events." There is a high proportion of staff/parent contact; there are group meetings weekly and individual contact daily.

Program Effectiveness

Effectiveness of the program is shown in learning style behaviors: showing independent, peer oriented, self-reliant behaviors on CASES instrument data.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site and phone and/or mail consultation. No criteria are established. There is a brochure published describing the program.

Preschool Demonstration Project - San Jose State University, San Jose

Head Start

Contact Person: Nancy Welden

Head Start
1509 Marsh St.
San Luis Obispo, CA 93401 (805) 544-4355

General Program Information

This Head Start program serves 30 handicapped children, aged 3-5, out of a total enrollment of 220. All types of handicapping conditions are accepted, including environmental and culturally-deprived children. Priority is given to low income handicapped, but over income children are taken also. Another criteria for acceptance is whether the program can meet the needs of the child. The program has been in operation for 15 years.

Principles stated are: (1) The handicapped preschooler should have the opportunity to be educated in the least restrictive environment; (2) the preschool program should be individualized to meet his needs; and (3) the other children in the regular classroom need to have the opportunity to relate to children who are handicapped. The children are served in seven different centers where the staff is encouraged to work with a type of program which is most comfortable and effective for them." The programs generally fall within the middle range between emphasis on short-term objectives and broad goals. A developmental model is followed.

Conduct of Program

"Most of the children are served at the center. However, we do have a home-base teacher who works with individual children who are not yet ready to attend at the center or who are waiting for a space to open up." Children are transported either by the program or by parents, who are reimbursed.

The entire program is served by a program coordinator and 13 early childhood teachers. One teacher is special education certified; other certification includes a Child Development Associates Credential, and Children's Center Perimt. There are seven paraprofessionals, a various number of parents/volunteers, and a speech and language clinician. Occupational/physical therapists, psychologists, and social workers are available from other agencies. The staff meets weekly and for inservice training, monthly.

All developmental areas are included in the program, including sensory-motor. Percentage of one-to-one instruction varies according to the needs of the child. Special education materials and manuals are used as needed. Formal assessment is carried out twice a year, using DIAL and Preschool Profile. Informal assessment is made by teacher observation, and developmental checklists.

Parent involvement is mandatory in all aspects of the program. A full-time Parent Coordinator manages this component. Group meetings are held with the staff monthly; the amount of individual contact varies.

Program Evaluation

"By using the DIAL twice a year, we hope to access the children's progress in our program. Overall progress can be measured by parents' reports, teacher observation, and educational progress.

Dissemination and Technical Assistance

The program is available for visitation/observation, workshops/training on site, and phone and/or mail consultation. There are no criteria for adoption. There has been no replication. The handicap program has developed all forms necessary to carry on the program. A brochure has been developed for the program by the Chapel Hills Agency; teacher-training materials have been developed by the RAP.

Head Start - San Luis Obispo

Development Center - Forest Meadows
Hartzell

Contact Person: Mary Jane Burke-Firpo

Marin County Office of Education
1111 Las Gallinas Ave.
San Rafael, CA 94901 (415) 472-4110

General Program Information

"The Development Centers serve students ranging in age from 3 to 21 years, with a variety of handicapped conditions. The program is designed to provide appropriate educational activities for students functioning at the severely or profoundly handicapped level. Because of varying abilities and the ages of the students, each class has established its own priorities." The program has been in operation for 10 years and is state and locally funded. There are 65 children involved; criterion for acceptance is per Title V (Sec. 3781).

The program is based upon the principle of providing an educational program so as to guarantee that each child is given the opportunity to reach his/her optimum potential. The program emphasizes teaching students "practical" skills based on a functional curriculum. The staff subscribes to the belief that "Students do not fail to learn; we fail to teach." (The staff is constantly reevaluating to find the best way to motivate each student.) It is a highly structured program, emphasizing specific short-term objectives. It follows a developmental model.

Conduct of Program

Children are in a self-contained classroom, for full day sessions, 5 days a week. At the Hartzell Development Center, about 17% of time is spent with normal children, during recess, lunch and some afternoon projects. The program provides bus transportation.

The Center has a Principal/program coordinator and 7 teachers, who are certified in special education. They are assisted by 14 instructional aides, 20 parents, two speech and language clinicians, two psychologists, a mobility specialist, visually handicapped specialist, and two adaptive P.E. teachers. California Children Services provides physical and occupational therapy.

All developmental areas are included in the program. Approximately 20% of time is spent on one-on-one instruction. Various items of equipment are used according to the IEPs. (e.g., parallel bars, communication boards). No published curricula are used. Staff meetings are held once a week; inservice training is developed based on staff interest and need, about once a month.

About 50% of the parents participate as volunteers, transporters, and on the Advisory Council. The Development Centers have a Parent Group which meets throughout the year. Many parents have found this helpful in coping with the emotional as well as the practical problems of reaching a severely handicapped child. Group meetings with staff are held once a month, individual contact daily/weekly. Teachers maintain a daily communication notebook that goes to and from school with the students.

Forest Meadows Development Center
Hartzell Development Center
Marin County Office of Education

Program Effectiveness

Evaluation of the program is measured by progress as accounted for in the Individual Education Plan.

Dissemination and Technical Assistance

No dissemination and training activities are carried out by this program.

Development Center - Forest Meadows, San Rafael, CA
Hartzell

Infant Program for
Hearing Handicapped

Marin County Office of Education
1111 Las Gallinas Ave.
San Rafael, CA 94903 (415) 472-4110

Contact Person: Mary Ellen McCann

General Program Information

This is an early intervention program for parents of a deaf child ages 0-36 months. The emphasis of the program is to provide support to families and to help "educate" in the areas of language, listening skills and child development. It maintains a balance between structured, short-term objectives and discovery and broad goals. Cognitive, behavioral and developmental models are used. The program is supported by state and local funds and has been in operation for 9 years.

Children are accepted on referral from an audiologist, with an audiological report indicating language delay as a result of hearing loss. There are currently 17 children in the program.

Conduct of Program

A number of options are available for placement. The children are brought by their parents to the center for some group time if the child is mature enough; but much input takes place in the home. Children spend 12 hours a week in a classroom; home visits are for 2 hours a week. Parents are reimbursed for transportation.

The program employs a coordinator and two teachers are certified in early childhood education and for work with communicatively handicapped. They are assisted by two paraprofessionals, 10 parents/volunteers, a speech and language clinician and psychologist. Instruction is across all developmental areas. About 1 1/2 hours a week is spent on one-on-one instruction. The base of the program is a curriculum for hearing impaired 0-6 years developed by the Marin Co. Office of Education; however, much of the material is teacher and parent designed. Hearing aids are the main special equipment used.

Diagnostic, medical and social service agency services are utilized as needed. The program has a audiological consultant, and a consultant psychologist who conduct a weekly parent discussion group. Staff meetings are held daily; inservice training occurs once a month.

Assessment is carried out twice a school year using the Bayley and REEL scales. Informal assessment is by teacher and parent observation.

Parents are involved in various activities: volunteers, transporters, member of the planning team, advisory council, and program evaluators. They also assist in developing the child's program on an ongoing basis. The staff meet with the parents as a group twice a week, and have individual contact 4 times a week.

Program Effectiveness

No information on program effectiveness has been provided.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. The staff also can conduct workshops/training at the center, and at adopting sites, with follow-up visits possible. The only criterion for adoption is that of serving children with suspected hearing loss.

Infant Program for Hearing Handicapped - Marin County Office of Education, San Rafael

Marindale School Preschool

Contact Person: Barbara Tarasoff

Marin County Office of Education
1111 Las Gallinas Avenue
San Rafael, CA 94903 (415) 472-4110

General Program Information

This preschool serves children with a physical disability which prohibits full-time participation in a regular school program. It provides a basic academic program but also aims at objectives in the social/emotional and health areas. State and federally funded, it serves 10 children between the ages of 3 and 6 years and has been in operation for 16 years.

Its principles are "to provide an individualized academic program and appropriate group activities; a balanced program including community experience and opportunity for integration. Our goal is to mainstream the youngsters." The program strives to achieve the major goal of mainstreaming by achieving specific short-term objectives in a sequential manner. Cognitive, behavioral and developmental learning are all important factors of the program.

Conduct of Program

Children meet in either a self-contained or integrated classroom for 3-6 hours a day, 5 days a week. Percentage of integration varies with the child; some youngsters are integrated for various amounts of time. Transportation is furnished by the program.

There are three teachers who are certified in special education. They are assisted by three aides, 30 part-time parents or volunteers, a speech and language guage clinician, 3 occupational/physical therapists, a psychologist, adaptive P.E., and a vision specialist and a mobility instructor. They work with various public agencies: social service agencies, medical facilities. Staff meetings are held once a month, inservice training three times a year.

All developmental areas are included in the program. Approximately 50% of the time is spent in one-on-one instruction, using the services of the aides and volunteers. They utilize state texts and various other published curricula. Children are assessed a minimum of two times per year, using assessment materials such as Brigance, ITPA, Peabody, Wepman, Motor Free Perception, Operational Assessment Test, Melson Reading, WRAT. Informal assessment is by observation, teacher-made materials, and text book tests.

Parent involvement varies. They attend clinics, planning meetings, social groups, etc. About 3% are actively involved as volunteers, members of the planning team and advisory council members. Group staff-parent meetings are held twice a year, individual contact varies from twice to 6 times a year.

Program Effectiveness

Children are pre and post tested yearly. The therapy department records progress with film. Effectiveness is measured in progress of the children's ability and in independence.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. A workshop is held at the program site once a year. There are no established criteria for adoption. Replication data are unknown. A brochure with the description of the program is available, as is a slide/tape presentation of the program.

Marindale School Preschool - Marin Co. Office of Education, San Rafael

Development Center for Handicapped, Multi-handicapped and Autistic

Contact Person: Larry R. Belkin

Orange County Dept. of Education
1300 S. Grand Ave., P.O. Box 15029
Santa Ana, CA 92705 (714) 898-1341

General Program Description

This is a program for severely handicapped children who cannot be served in the local school district. It serves 260 children between the ages of 3 and 21. It receives funds from the federal, state and local governments and has been in operation for 10 years.

The program is based on the following principles: "(1) all children are capable of learning. (2) What children learn is determined by each child's assessed needs. (3) Learnings must be broken down into subtasks in order to ensure each child's success. (4) Children's progress must be monitored and evaluated in order to make appropriate adjustments in their daily activities." The program follows a behavioral model. "Each child's Individualized Education Program is put into operation using one of two instructional management systems: DASIE or Discrete Trial Format. Children's progress is systematically evaluated and reviewed at least annually with the child's parents."

Conduct of Program

The children are served in a classroom for up to six hours, 5 days a week. The autistic program provides for integration of handicapped with non-handicapped for up to 50% of the school day. Others are served in a self-contained classroom. The program provides transportation.

The staff consists of a master teacher/program coordinator and five teachers. They are assisted by paraprofessionals, parents/volunteers, speech and language clinicians, occupational/physical therapists and psychologists. An assessment specialist specializes in pre-vocational assessment and program activities. The Regional Center and California Children's Service are utilized, as are community diagnostic, medical, and social service agencies. Staff meetings are held monthly and inservice training is held in conjunction with these meetings.

Approximately 20% of the instruction time is spent in one-on-one teaching. All developmental areas are included in the program. Special equipment used include several non-oral communication devices such as ZYGO 100, Voxcom, etc. Formal assessment, at least every three years, is done by Koontz, L.A.P., and Brigance assessment instruments. Informal assessment is accomplished by observation for baseline behavioral data and language samples. No published criteria is used.

Parents are invited to participate in all staff development activities, monthly parent meeting and community advisory councils. About 30% of the parents actively participate as volunteers and members of the advisory council.

Program Effectiveness

Effectiveness is evidenced by the numbers of children moving into less restrictive environments. Experimental Infant Program Evaluation Annual Program reviews are conducted of pupil progress.

Disseminstion and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. Workshops/training at adopting sites can be conducted for the Discrete Trial Format. There are no criteria for adoption.

No replication has been made of the program but materials available include the I.E.P. Format-Procedural Manual for Implementation of P.L. 94-142, and a brochure on the Special Education Program and Services. A Developmental Diagnostic Instrument is being developed.

Development Center for Handicapped, - Orange County Dept. of Education, Santa Ana
Multi-handicapped and Autistic

Special Education Center, Preschool

Santa Barbara County Schools
4400 Cathedral Oaks Road
Santa Barbara, CA 93111 (805) 964-4711

Contact Persons: Rennett Facciobene
Louise Talarico
(408) 682-2686

General Program Description

"Santa Barbara County Schools provides a full continuum of special education services which are designed to meet the identified special needs of infants and preschool age children. These services range from minimal intervention of a less restrictive nature, to a more comprehensive and more restrictive educational situation. Such services provided include designated instruction of home visitor, speech/language, adaptive p.e., educational audiology, supplemental instruction, and special class." There are currently 70-75 children, ages 0 - 4.9, in the program. Acceptance is determined by the Educational Assessment Service; children must have demonstrated need areas defined through medical and educational assessment. Funding is by the state and other sources (M.P.S.E.). The preschool program has been in operation for 3 years; the infant program, 1 year.

The following principles are stated: "(1) Comprehensive assessment to determine need areas and levels of performance; (2) individualized sequential intervention; (3) working with parents to work appropriately with their child; (4) agency collaboration and coordination to maximize services to child and family; (5) services provided in the least restrictive environment." Instruction is fairly structured with concentration on specific short-term objectives. The program coordinates cognitive, behavioral, developmental, medical and ecological models into its curriculum.

Conduct of Program

Placement in a program depends on the individual child; he/she may receive a home or center program or a combination of the two. Days in the classroom range from 1 to 5; home visits are made for 1 hour a week. Preschoolers spend approximately 45 minutes daily in playground contact with "normal" children. Parents are encouraged to bring their children in so that the opportunity for parent participation is increased. They are reimbursed for this. Program transportation is also available.

The staff has a program coordinator and three teachers, who are certified in special education. They are assisted by two paraprofessionals, three speech/language clinicians, three occupational/physical therapists (provided through California Children's Services), a psychologist, and three classroom aides. Two developmentally handicapped adults also assist, one at the Infant program and one at the Preschool program. Weekly staff meetings are held for the Infant and for the Preschool program. Inservices training is held approximately

three times yearly. The staff is informed of various inservice training offerings in the community related to handicapping conditions relevant to their student population. The Tri-Counties Regional Center assists the program through the provision of occupational therapy and clinic-type staff meetings.

All developmental areas are covered in instruction. Percentage of one--on-one instruction is 60% in the infant program; less for the preschool children. Assessment of the children is made upon entry and followed by an annual review. Assessment instruments used include: Bayley Scale, Leiter International, Hunt Unzguiris; San Juan Developmental Profile, Portage Model Developmental Profile, Brigance Pre-School Inventory of Basic Skills, Zimmerman Pre-School Language Assessment, Goldman-Fristoe Test of Articulation, Communication Evaluation Chart, WIPPSI, Stanford-Binet, Hiskey-Nebraska Test of Learning Aptitude, Quick Neurological Screening Test. Informal assessment is by informal teacher probes.

Various motor training apparatus is used in the program as needed. Curricula used include: the Peabody Early Experiences Kit, the Portage Model Curriculum, material from the San Diego State Univ. Early On Project, and Developmental Learning Materials.

"For both infant and preschool programs, parent involvement occurs as follows: Assessment, placement meetings, Individualized Educational Program Planning, review of progress. For the Infant Program, parents are usually involved in training to instruct their own children. At the preschool level, the classroom teacher makes home visits one time per month to coordinate home education with the school program in the areas of cognitive, social, language, behavioral, self-help growth and development." There are monthly parent group meetings and telephone contact on a bi-weekly basis. All parents participate in the infant program; about 70% in the preschool, as teachers, transporters, etc.

Program Effectiveness

A Program Review was accomplished for the 1978-79 school year. Progress is measured as per the IEPs on each individual student; and by the S.T.O.M.P. (Short Term Objective Monitoring Procedure) at the preschool level.

Dissemination and Technical Assistance

The program is available for visitation/observation and workshops/training on site. There are no criteria for adoption. A handbook has been developed describing the Infant Program. There has been no replication.

Special Education Center, Preschool - Santa Barbara County Schools

Early Development

Contact Person: Peg Smith

Santa Cruz County Office of Education
2901 Park Avenue
Soquel, CA 95073 (408) 462-1500

General Program Information

This is a program for all categories of handicapped children, birth to 4.9 years. It receives federal, state and local funding and has been in operation since 1974. Any developmentally delayed, sensory-impaired child or high risk infant in eligible for admittance. The program follows a developmental model and is fairly structured, with emphasis on specific short-term objectives. It currently serves 19 children.

Conduct of Program

This is primarily a program for parents and home-bound infants and preschool children. Children are visited 3-4 times weekly for an hour at a time. A center-based program was to be instituted in January 1980, giving the option of a combination home and self-contained or integrated classroom program.

The program includes all of the developmental areas. Various educational materials are used to carry out the instruction. Assistance is given by the Community College Children's Center and Head Start, Child Care Centers and nursery schools; also by the Health Dept-Pediatrician, diagnostic facilities and social service agencies.

There are two teachers for the program. They are assisted by two aides, a psychologist and a nurse. Staff meetings are held every two weeks, inservice training 3-4 times a year. Because of the home-based nature of the program, 90% of the instruction time is on a one-one-one basis. No published curricula are used. Assessment instruments used are the Memphis and Bayley Scales.

Each parent is actively involved in his/her own child's development program, serving as members of the planning team, on the advisory council and as program evaluators. Parents participate in training sessions for specific problems, and in a parent support group. The staff meets in group sessions with the parents on a monthly basis.

Program Effectiveness

Graphs and charts are used to measure the effectiveness of the program.

Dissemination and Technical Assistance

The program is available for visitation/observation and workshops/training on site. Criteria for adoption are subscription to PL 94-142 directives, Cal. Ed. Code and Cal. Admin. Code, Title 5 and published Program Management Goals. The parameters of the program are common with other programs in the state.

Early Development - Santa Cruz County Office of Education, Soquel

Infant Stimulation and
Preschool SH Classes

Contact Person: Sherral Shaw

Tulare County Department of Education
County Civic Center
Visalia, CA 93277

General Program Information

This is a program for severely handicapped infants and children. It serves 20 children, ages 0 - 5. It was developed: "to provide training and care for severely handicapped children for whom there are no other school programs; to avoid institutionalism of severely handicapped children in order to reinforce and expand those attributes in a manner that will provide a more rewarding life; to provide a teaching, learning, counseling environment for each child, his parents, and the community; to provide language stimulation, sensory-motor stimulation, social and emotional learning experience; to provide unique and innovative teaching procedures and materials; and to systematically evaluate the effectiveness of teaching procedures and learner progress." Behavioral and developmental models are followed in instruction.

The program is funded by the state and has been in operation for 7 years. Children are determined to be eligible by an appropriate panel of professionals and parents.

Conduct of Program

Preschool children (3-5) are served in a self-contained classroom. The younger children are provided for in a cooperative home-school educational program designed to stimulate and accelerate the developmental growth patterns of 18-month to 3-year-old infants. Transportation to the center is provided.

A team approach is utilized, using a head teacher, teacher, teacher aide, physical therapist, speech therapist, nurse, psychologist, program specialist, program manager and director of special services. Besides the head teacher, there are four special education teachers, four aides, eight parents/volunteers, three speech/language clinicians, two OT/PTs, and three psychologists. Staff meetings are held weekly; inservice training, a minimum of twice a year. Diagnostic, medical and social service agency facilities are used as needed.

Instruction is across all developmental areas, including sensory-motor. The 18 mos.-3 yr. program provides 75% one-on-one instruction, while the 3-5 age group has less than 25%. Special equipment such as cribs, ambulation training equipment, miniature toilet fixtures, are used as needed. Curricula used include Koontz and BCP materials. Formal assessment (every three years) utilizes these materials, plus the Denver Development Scale, a birth-to-three developmental scale, and CCS Scale. TARC procedures are used in informal assessment.

The 18 mo-3 year group involves parents as volunteer aides in the instruction component. This provides input from the home as well as an opportunity

for parent education and hands-on method instruction. In the 3-5 group, active participation is a little lower, about 50%. Parents also serve as members of the planning team. There is weekly individual contact between parents and staff.

"The Stockton Pre and Post Parent Self-Rating form will be given at 6 month intervals. These instruments will show parents gaining a more positive outlook on themselves as parents and their acceptance of their children. They will also show a correlation between the child's improvement and parental acceptance. Special attention will be given in a counseling program to help parents in realistic goal and limit setting for the child, to help them feel comfortable in expressing feelings, to assist them in sharing ideas and concerns with other parents, to see the child in relationship to the total family, and to include them in classroom activities. Current relevant literature and toys from the lending library are made available to parents. The psychologist will be available for individual counseling and will assist in referrals to agencies and professionals in the community."

Program Effectiveness

Evidence of effectiveness is measured by (1) progression to Learning SH Centers after 3 years, (2) video tape documentation, and (3) constant assessment and evaluation records.

Dissemination and Technical Assistance

The program is available for visitation/observation. No criteria are established for adoption. Funds are available for inservice and attendance at conferences. Reciprocal service agreements are used to minimize the cost of dissemination/training.

Infant Stimulation - Preschool Deaf

Tulare County Department of Education
County Civic Center
Visalia, CA 93277 (209) 733-6331

Contact Person: Hugo Steigman

General Program Information

"This is an ongoing permissive portion of the instructional program for the deaf infant and preschool child initiated through a grant and incorporated into the comprehensive plan for special education piloted in California by Tulare County and nine other communities." The program serves 20 children between the ages of 18 months and 4 years, 9 months, and has been in operation for 4 years. Children must be able to benefit from the program. A medical/audiological/educational evaluation is required, confirmed by the parent prior to placement. The program provides: appropriate instruction to serve child's individual needs; communication systems; monitoring their effectiveness; the least restrictive programming as appropriate; and opportunity for developing highest entry level skills. It follows the cognitive and developmental models of instruction.

Conduct of Program

Children can be served in a classroom or home setting. "Plans are being completed to offer a combination of home-based instruction and classroom contact for preschool and infant deaf. Classes meet five days a week, for 3-6 hours. Older children are frequently integrated with normal children. The program provides transportation, or parents transport without reimbursement.

The staff consists of a program coordinator and two special education certified teachers. They are assisted by four paraprofessionals, two parents/volunteers, two speech/language clinicians, two psychologists, two audiologists, and four school nurses. Staff meetings are held monthly or as needed for staffing, planning. Inservice training is held a minimum of three times annually.

All developmental areas are included in instruction. About 50% of the time is spent on a one-to-one basis. Curricula materials include a Curriculum Guide - Hearing Impaired Children and their Parents, and Parent Infant Communication. Amplification devices, Project Life materials, Auralometer Audiological Assessments are used as needed. Formal assessment is done annually, using the Assessment of Children's Language Comprehension, Analysis of Readiness Skills, Scales of Early Communication Skills, Lee-Clark Reading Readiness, and the Koontz Child Development Program. Informal assessment is through teacher observations; Project Life materials; and checking core vocabulary, perceptual motor abilities, and listening skills. Local diagnostic and medical facilities are used as needed (CCS, Cental Vallley Regional Center, etc.).

About 25% of the parents actively participate as volunteers, members of the planning team, classroom aides, etc. "Parents are encouraged to come to school and learn how to work with their children. Weekly parent meetings are held in the evening at staff members' homes to work with parents."

Program Effectiveness

No information was furnished on evaluation of program effectiveness.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. No criteria for adoption are required. "Reciprocal agreements are frequently established to reduce costs of service whenever possible. Current budget includes inservice but a limited amount for unspecified workshops since no grant is active at this time."

A vocabulary development curriculum is being put together. Also available is the Apple Tree Language Program Supplement.

Infant Stimulation - Preschool Deaf - Tulare County Dept. of Education, Visalia

Infant Preschool Development Program

Contact Person: Nancy Weber

Yolo County Office of Education
Infant Preschool Development Program
407-409 Lincoln Ave.
Woodland, CA 95795 (916) 666-8461
3865

General Program Information

This is a program for children with learning, physical, and severe handicapping conditions. It serves 32 children from birth to 3 (occasionally 4). It is funded by a D.D. grant, State Depts. of Health and Education, County Education, County Schools, and United Cerebral Palsy Assn; it has been in operation for 5 years.

The program is based on the following principles: (1) parent and child centered, (2) home and school based, (3) developmental Piagetian curriculum, (4) parental understanding of child's disability, and (5) that parents are experts with their children and we provide technical assistance. Curriculum is highly structured but implementation uses discovery as much as possible. The program follows a developmental model. "The program is designed to assist parents in providing an optimal environment for their child. Nursing services include coordination with the child's doctor, nutrition assessment, daily living pattern of child, nursing assessment of physical and developmental function - to provide optimal physiologic function. On this basis, teachers, speech therapist occupational therapist, provide remediation program and technical assistance to parents."

Conduct of Program

The number of home visits and group sessions depends upon the needs of the child and parent. At 18 months (more or less) the child may begin participation in the center-based program without a parent or sitter participating. Home visits vary from 1 to 4 times monthly; classroom sessions are for 3 1/2 hours, 2-4 days a week. Transportation is provided by the program.

The staff consists of a master teacher and 3 other special education certified teachers. They are assisted by 2 nurses, 5 paraprofessionals, and a speech and language clinician. Staff meetings are held every six weeks; inservice training is held weekly for 1 1/2-4 hours. This is "definitely needed," there are no formal or informal programs available.

Children spend no time with normal children; however, about 25% of the enrolled children spend time with less handicapped, older, learning handicapped or normal intelligence physically handicapped. There is a Head Start program next door.

All developmental areas are covered, including sensory-tactile and vestibular, propiroceptive (Ayres Therapy). Self-help includes feeding (therapeutic and developmental approaches), undressing, dressing, toileting. Curricula used include ADAPT, and a project-developed curriculum, based on inservice and workshops, which has not been written as a cohesive unit yet. Special equipment is

used for physically handicapped children particularly. The program emphasizes the use of high feedback toys. One-to-one instruction occupies about 85% of the time. It is "just about impossible to group these children, the range and interest level is so great."

The program is assisted by the California Children's Services and the Alta California Regional Center. Assessment instruments used include the Bayley Scales, and Stanford Binet, Form L-M. Formal assessment is done yearly. Informal assessment is Piagetian based developmental cognitive and developmental motor.

About half of the parents actively participate in the program, as volunteers, classroom aides, program evaluators and members of the planning team. Parents participate with their children twice to four times monthly in 0-18 month age group and infrequently to regularly thereafter. The parent group is not effective at the present time, although they have had excellent responses in the past. There are group meetings 2-3 times a year, and individual contact is maintained at least monthly.

Program Effectiveness

Learning verification has been provided by five years of Bayley and Binet pre and post test scores. In addition, a Master's thesis evaluated the effects of parent attitude and skills in relating to the child after parent education. Evidences of effectiveness include (1) development of self-help skill in feeding, toileting for severely handicapped, (2) parental acceptance and understanding of child's disability and use of community resources to assist in caring for him, (3) probably accelerated development - as compared with those who have had no intervention, and (4) less adverse behavior.

Dissemination and Technical Assistance

The program is available for visitation/observation and occasional phone and/or mail consultation and workshops/training on site. They have the expertise to do workshops but no sufficient funding. Assistance is usually informal. There are no criteria for adoption. "One day workshop would only begin to acquaint a staff with the materials. We would need to use a practical approach, illustrating structure suggestions for the classroom, use of high feedback toys, etc." Portions of the program have been replicated by several nearby districts.

Materials developed include: Toy lists of high feedback materials for specific areas of cognitive curriculum, outlines of materials covered in the Adapt curriculum, IEP form and progress notations, and a brochure describing the program.

Infant Preschool Development Program - Yolo County Office of Education, Woodland

PRIVATE AGENCY PROGRAMS

We Care Day Treatment Center

We Care Day Treatment Center
2191 Kirker Pass Road
Concord, CA 94521 (415) 689-6993

Contact Person: Mrs. Barbara J. Miliff
Director

General Program Information

This is a day treatment program incorporating developmental therapies such as physical, occupational, speech, sensori-integrating and cognitive development at the preschool level, and language stimulation. There is also a home program for infants, birth to 18 months. The program has been operational for fifteen years and is locally funded (Short-Doyle Contract and Regional Center). Principles of the program are (1) meet needs of community not satisfied by other programs, schools, (2) provide direct service to the client, (3) identify and treat individual deficits such as, emotional, behavioral, physical, intellectual, sensory, etc., (4) promote independence and self-direction as appropriate for each client, and (5) seek a continuum of service by referring to proper placement in the community as development approximates normal. It is a highly structured program and specific short-term objectives for each child lead toward the broad goals of healthy ego development and self-confidence. The program most closely follows a developmental model. The age range of children served is 0 - 5 and the primary characteristics of the children are learning handicapped, physically handicapped, communitively handicapped, severely handicapped, and developmental delay/disability. Acceptance into the program is based on 0-5 years of age; resident of Contra Costa County; developmentally disabled, developmentally delayed for any reason, i.e., behavior, environmental deprivation, sensory loss, emotional disturbance, etc..

Conduct of Program

The program is home based (infants only) with home visits of one-or-more hours once a week. It is also center based with three-to-six hours a day, five days a week. Approximately 33% of the instructional time is spent with children less handicapped in a combination home and integrated classroom. The program provides bus/van/taxi transportation with parents given the option of transporting their own children.

Community resources utilized to carry out the program consist of Blind Babies Foundation, Contra Costa County Service School District, and Regional Center of the East Bay, both of which are contract agencies. Through county medical services a pediatrician, social worker and a psychologist are available as consultants. The other agencies refer clients and their professionals serve as consultants for those clients. Special equipment and/or materials are required in this program.

Twenty-five per cent of the instructional time is spent on one-to-one instruction. Developmental areas included in the instructional program are cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, language/speech, physical therapy, sensory-motor integration and behavior management.

The staff consists of one teacher certified in special education, 15 paraprofessionals, 31 parents and/or volunteers, one speech and language clincian and eight occupational and/or physical therapists. Staff meetings are held daily and inservice training for staff development meets biweekly.

Published curricula is not used as a guide in planning and implementing the instructional program. The instructional program has evolved through observation, trial and error, information gathered at work shops and seminars and perusal of all available and pertinent reference material. The following tests are used for assessment--Denver Developmental Screening Test, Minnesota: Wepman Auditory Screening, University of Michigan Action-Agent Test, ITPA, Test of Verbal Opposites, Goldman-Fristoe Test of Articulation, Halls Illicited Imitation Test, SICD, Peabody Picture Vocabulary Test, Laura Lee Developmental Scoring and Assessment of children's Language Comprehension. Informal assessment consists of (1) sequential skill sheets in fine and gross motor activities, speech and cognitive development, (2) daily record sheet for toilet training, (3) time study base line for selected behavior traits and (4) observation by staff members. Children are formally assessed biannually. Parent involvement consists of (1) Friends of We cAre, a support group made up of parents and friends of the Center. (2) Mothers Craft Group-sponsor of an annual fund raising bazaar. Mothers share experiences and are emotionally supportive of new parents. (3) Monthly observation of child's program. (4) Parent guide-experienced parent accompanies a new parent on their first observation day. Approximately 33% of of the parents participate in the program as transporters, on an advisory council, parent guides, and fund raising. Staff meetings with parents are held 14 times a year in groups and there is individual contact on a daily basis.

Program Effectiveness

Evidence of effectiveness is the 1976 program evaluation by the Mental Health Advisory Board, Childrens' and Adolescents' Task Force, and the Developmental Disability Council. In April 1979, ANDI, a Normalization and Development Instrument by the California State Dept. of Developmental Services was used for the purpose of quality evaluation of the treatment program plus a quality assessment of the We Care Volunteer Development Program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, and phone and/or mail consultation. There is no formal criteria or requirements for agencies wishing to adopt this program model. The program has not been replicated or adopted by other agencies/districts. There are no materials developed by the program.

We Care Day Treatment Center - Concord

Lynn Preschool

Contact Person: Roberta Saunders

Contra Costa County Assoc. for the Mentally Retarded
201 Front St.
Danville, CA 94526 (415) 837-6934

General Program Information

"Lynn preschool serves ambulatory developmentally-disabled children between the ages of 2 and 6 exhibiting the following disabilities: Mental retardation, learning disabilities, autism, aphasia, sensory motor dysfunction, language delays, behavior disorders, cerebral palsy, and brain damage. Special features of the program include Sensory Integration therapy under direction of an occupational therapist, speech therapy, small classroom instruction, and daily music program, with emphasis on language development and socialization." "In a structured environment it is believed one can normalize behavior by helping each child realize his/her maximum level of potential so they can function in the least restrictive environment. An individualized developmental program is essential for optimal development." The program follows a developmental model. It has been in operation since 1952; funding is by Short/Doyle, the Regional Center, and the public school district. There are 23 children in the program.

Conduct of Program

Children are served in a self-contained classroom for full day sessions. They are integrated with other children for a half-hour of music time and two playtimes. Transportation is provided.

The staff consists of a principal and two special education teachers. They are assisted by a speech and language clinician and an occupational and physical therapist. An average of three parents/volunteers per week work in the program. A psychologist, pediatrician and audiologist are available through the George Miller Center in Concord. All the children are screened at this facility. Other community facilities are used as needed. The staff has meetings once a week; also meets for inservice training at least once a week. The curriculum used in instruction is "Developmental Skills - A Continuum," a course of study for trainable mentally retarded minors, published by 10 Northern California County School Departments. All developmental areas are included in instruction. Sensory Motor evaluation and treatment materials, developmental and teacher-made materials, and language materials are used. Percentage of one-on-one instruction varies according to the child and individual need.

Children are formally assessed twice a year using the Brigance Diagnostic Inventory, the Receptive-Expressive Emergent Language, and Fairview Self-help Scales, the Utah, and the Peabody Picture Vocabulary Test. Informal assessment procedures used include a Sensory Motor survey, and teacher observation.

Parents are encouraged to come in on a regular basis to work in the program. About 20% do actively participate as volunteers, transporters, and members of the advisory council. At least three parent meetings are held a year. Parents must participate in the IEP meeting. Phone calls or informal contact occur at least once a month.

Program Effectiveness

Comparisons of pretest-posttest scores for language, gross motor, self-help and social are completed every June. In addition to this, effectiveness is attested to by reports from parents, social service counselors, and school teachers after the children leave. The "outcome objective is that the children demonstrate a mean language growth of one month for every five months in the program and show improved personal/social competencies."

Dissemination and Technical Assistance

The program is available for visitation/observation and workshops/training on site. There are no criteria for adoption. There has been no replication. A brochure on the program has been published.

Lynn Preschool - Contra Costa Assoc. for the Mentally Retarded, Danville

Child/Parent Training Center

Imperial Valley Assoc. for the Retarded
PO Box 1828
El Centro, CA 92244 (714) 352-0180

Contact Person: Kathleen Nolan
Supervisor,
Child/Parent Training

General Program Information

This is an educationally-based infant stimulation program to be carried out by the parents and staff in center and home-based sessions meeting the needs of individual children. There is also ongoing counseling with parents and a monthly parent group presentation focussing on a particular area of development or parental concern. This program has been operational since January of 1979 and is funded locally and by the Regional Center.

Principles of the program are (1) stimulation for infants ages 3 months to 3 years, educationally-based in the least restrictive environment; (2) parent participation and implementation of the program in the home; (3) versatility and cross purposes of techniques employed; (4) individually-designed flexible, developmental program; and (5), focus on behavioral deficits observed in development. The program is one of discovery with broad goals, following a developmental model. Children served have a primary characteristic of severely handicapped. Acceptance into the program is based on developmental delay or a diagnosed handicapping condition.

Conduct of Program

The delivery of services is home-based,meeting one or more hours once a week and center/classroom based several hours a day. The combination home and center based meet one day a week in the classroom and 1 1/2 hours in a home visit. Children who are more severely involved or who have medical limitations are seen in the home. Approximately 75% of the instructional time is spent with less handicapped or normal children. The placement options consist of a combination home and integrated classroom. The program provides transportation.

Fifty to seventy-five percent of the instructional time is spent on one-to-one instruction. Community resources utilized include a Social Service Agency, and California Children's Service;and access to various disciplines and resources for professional consultants is possible through the regional center.

Special equipment is required to carry out this program and all developmental areas are included in the instructional program. There is also a parent group component monthly where a presentation is given in a developmental area.

The staff consists of two teachers, one with a BA degree in psychology and one with a DD/MR certificate. There are 20 parents and/or volunteers, one speech and language clinician and two occupational and/or physical therapists, one psychologist, one nutritionist and one nurse. These consultants are furnished through the Regional Center. The staff meets weekly and the inservice training for staff development meets monthly. The Portage Guide to Early Education and

the Sensori-Motor Activity Guide for Preschoolers are two of the published curricula used as a guide in planning and implementing the instructional program along with many ideas from various books, programs and other teachers. A psychological evaluation is done on the children through the Regional Center when they reach the age of three. Commonly used for assessment are the Preschool Attainment Record and the Receptive-Expressive Language Scale. Informal assessment consists of daily charting. Children are formally assessed quarterly.

Parents participate in the program with their children. They are given activity sheets when a particular activity is being taught and they implement the program in the home. Fifty per cent of the parents participate as transporters, classroom aides and through parental support. The staff meets with the parents as a group in the Monthly Parent Group and individual contact occurs weekly.

Program Effectiveness

Quarterly progress reports have shown achievement toward program objectives for most of the children.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt this program model. The program has not been replicated or adopted by any other agency or district. Materials developed by this program consist of toys and special instructional equipment, testing materials, books, activity guides and manuals. There are Parent Activity Sheets, Progress Reports, medical and picture releases, and summary pamphlets describing the program.

Child/Parent Training Center - Imperial Valley Assoc. for the Retarded, El Centro

Agency for Infant Development, Inc.

Agency for Infant Development, Inc.
43100 Isle Royal
Fremont, CA 94538 (415) 656-3949

Contact Person: Salvador Hernandez
Executive Director

General Program Information

This is an early intervention program serving infants birth to three who have developmental disabilities and delays. It utilizes a transdisciplinary team approach. Incorporation of parents is an integral part of the program. The program has been operational for eight years and it is currently funded by the Regional Center, County and City.

Its principles are (1) that the earlier the intervention the more effective treatment and services will be, (2) parent participation is a must in planning, identifying goals, objectives and timetables, (3) integration of medical-therapeutic discipline with the educational and psycho-social services is essential, (4) trans-disciplinary team approach where AID staff is central and coordinates, and (5) communication is vital to service delivery. The program is structured with ample flexibility to address changing needs and also strives for a goal of discovery with broad goals using a developmental mode.

Conduct of Program

Children are integrated into a classroom setting in the combination home and center-based delivery of services. In the classroom they meet 2-5 times a week and 2-3 times a week in the home visit. The children are transported by the parents without reimbursement.

The program utilizes a transdisciplinary team approach where AID staff coordinate and facilite the support services of a diagnostic facility, medical facility, parent group, and a social service agency. There is special equipment required to carry out this program and all developmental areas are included in the instructional program.

The staff consists of three teachers certified in special education and inservice training conferences. There are four paraprofessionals, 38 parents and/or volunteers and three speech and language clinicians furnished by the School District and Private consulting. There is one occupational and/or physical therapists and three school district consultant psychologists along with the CETA funded staff. Staff meetings are held once a week and inservice training for staff development is available once a month and staff are allowed time and funds to attend training sessions.

Published curricula are utilized in this program and commonly used for assessment are the Initial Intake Home Visit, Denver, Occupational Therapist Evaluations, Hawaii/Gesell and Bailey. Informal assessment consists of observation by the staff and parents, and children are formally assessed every six months.

Parent participation is an integral part of the overall program at AID and parents participate in development of goals, objectives, timetables, monthly training sessions, group meetings and individual parent conferences. They also participate in fund raising, board meetings and community awareness activities. Approximately 90% of the parents participate as volunteers, transporters, members of planning teams, advisory council, classroom aides and program evaluators. Staff and parents have group meetings once a week and daily individual contact.

Program Effectiveness

Each child's program is assessed every six months to determine cognitive and physical development and charting of activities has been implemented for the school year 79-80. There is a parent evaluation of AID, programmatic and fiscal audits conducted by funding sources, transition of the children to local school districts and county and private programs which have entrance criteria related to development and skill attainment.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, phone and/or mail consultation. AID belongs to a task force of early intervention programs who pool their resources for training and TA. Agencies wishing to adopt the program must have appropriate program design, a facility which meets health and safety requirements, a strong board and administrators, and an adequate and skilled staff. The program has been replicated by five other agencies in urban, suburban and rural locales. Materails have been developed by the program but are not applicable for release.

Agency for Infant Development, Inc. - Fremont

Program for Children with Special Needs

United Cerebral Palsy of
Central California
1940 H Street
Contact Person: Laura Mitchell Fresno, CA 93721 (209) 264-2915

General Program Information

This is a program for children aged 2 to 5 years who are diagnosed as developmentally delayed. They may have any type of handicapping condition, but not be enrolled or be eligible for enrollment in any other existing appropriate program. There are currently 12 children in this four-year-old program, which is funded by donation and by the Centray Valley Regional Center.

Conduct of Program

Children are served in a self-contained (all handicapped) classroom in a full day program. Transportation may be provided by the program or parents transport without reimbursement (if within the Fresno metropolitan area). The parents of children outside the Fresno area are reimbursed for travel. The facilities of the Regional Center, the Valley Children's Hospital and the Fresno Community Hospital Rehabilitation Unit are utilized as needed.

The staff consists of a program director, teachers certified in special education/therapeutic recreation therapy, a speech and language clinician, two occupational/physical therapists, an exercise technician and a recreation therapist. The staff meets for daily conferences and weekly meetings. In-service training is available twice a month or more to meet staff/client needs.

The curriculum is developed by the staff, using many current resources to meet client needs. Orthopedic, adaptive equipment is used as indicated by individual needs. All developmental areas are included in instruction, with 40 to 50% of the time being spent on a one-to-one basis. Children are formally assessed once a year and as indicated. Diagnoses and evaluation are done at the local regional center; this center does evaluations in speech therapy and physical therapy. The Denver Development, Peabody and other assessment instruments are employed by therapists and credentialed teachers.

Parents provide input at all conferences, parent meetings, and meetings with allied agencies who have or will provide services to their child. About 20% of the parents actively participate as volunteers and transporters, or representatives on the Board of Directors of UCPCC. The percentage of parents active fluctuates with changes in client population. Group meetings between parents and staff are held once a month; individual conferences are held quarterly or more frequently as the program - child needs dictate.

Program Effectiveness

Children are tested by the speech pathologist and the classroom teacher to determine program effectiveness for them. The fact that they are accepted into existing public school programs is an indication of the effectiveness of the program.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. Also available are workshops/training on site and follow-up visits to adopting sites. There are no established criteria for adoption. The program has not been replicated.

Child use instructional materials and teacher training materials have been developed by the staff.

Program for Children with Special Needs - United CP of Central California, Fresno

Antelope Valley Assoc. for Retarded Children

Desert Haven Pre-school
1734 E. Ave., H-8
Lancaster, CA 93534 (805)948-9170

Contact Person: Pearl Reid
Director, Pre-school

General Program Information

The major emphasis of the program is providing a program of individually selected activities, and individual goal plans for each child. The individual program plans focus on the stages of cognitive development; activities are developed to help the child develop the ability to order and classify events and objects in their environment. It is a private agency which has been operational for twenty-five years.

Principles on which the program is based are: (1) striving to create an environment which meets the needs of the individual child, (2) environment should conform to the needs of the child, not that the child conform to the environment, (3) it is essential that they know each child and his/her parents, (4) recognize the importance of the human interchange which affects both child and adult; this is demonstrated to the parents in hopes that all are working for a common goal - the development of the child to his/her full potential. This is a highly structured program with specific short-term objectives and follows a cognitive, behavioral, developmental, and medical approach.

The program currently serves 26 children with an age range of birth to 4.9 with primary characteristics of learning handicapped and severely handicapped. Criteria for acceptance into the program are developmental disabilities; mental retardation syndromes; cerebral palsy; auditory and visual defects; multiple disabilities; and other developmental delays of unknown etiology.

Conduct of Program

Delivery of services is home based once a week for one or more hours, center/classroom based five days a week, and a combination home and center based with five days a week in the classroom, and one visit a week in the home. Placement is in an integrated classroom, home based, and a combination home and integrated classroom. Handicapped children generally spend 100% of their instructional time with less handicapped or normal children. Transportation by bus/van/taxi is provided by this program.

A diagnostic facility, medical facility, and a social service agency is utilized in carrying out this program. Approximately fifteen minutes per day, per child, is spent on one-to-one instruction and all developmental areas are included in the instructional program. Special equipment and/or materials are required to carry out this program.

The staff consists of a master teacher/program coordinator, three teachers certified in early childhood, five parents and/or volunteers, one speech and language clinician, one occupational and/or physical therapist, and one psychologist. The staff meets once a week and inservice training for staff development is conducted once a month. Commonly used for assessment are the

Denver Developmental Screening Test, nursing assessment, and medical evaluation; and the informal assessment consists of parent observations, observations by the infant technician and recording the infant's development weekly. The children are formally assessed every six months.

Approximately 20% of the parents actively participate as volunteers, teachers, classroom aides, and on the Board of Directors. Contact with the parents by the staff is on an individual basis.

Program Effectiveness

Evidence of the effectiveness of the program can be supplied by IPPs, progress reports and daily recordings.

Dissemination and Technical Assistance

This program is available for visitation/observation, phone and/or mail consultation and there are no established criteria or requirements for agencies wishing to adopt this program model. This program has not been replicated or adopted by other agencies/districts and there have been no formal materials developed by this program.

Antelope Valley Assoc. for Ret. Children - Desert Haven Pre-School, Lancaster

Julia Ann Singer Preschool Center

Julia Ann Singer Preschool Center
8730 Alden Drive
Los Angeles, CA 90048 (213) 855-3582

Contact Person: Earle F. Jones
Program Coordinator

General Program Information

This program attempts to prevent long-term institutionalization of the child via an intensive short-term approach which is child focused. Parent participation is mandatory and a cornerstone of the program. The program provides extensive on-the-job training opportunities for professionals, paraprofessionals, students, and volunteers. The program has been operational for fifteen years and is funded by a combination of local and private funds. Principles of the program are (1), to maintain, return or place children in as normal a community setting as possible, (2) parents and community teachers are the primary "therapists," and (3), treatment and remediation take place in the child's normal community environment after a short term (not more than one year) at this agency. The program is highly structured, with specific short-term objectives. Each child has an IEP with both short-term and long range goals; handicaps are dealt with, using the required structured approach. The program follows a cognitive, behavioral, development and psycho-educational approach. The age range of children served is 2½ - 7 years of age, who are learning handicapped, communicatively handicapped, and severely handicapped. To be accepted into the program a child must meet one of the above handicaps and the parents must agree to intense participation.

Conduct of Program

The program is center/classroom based 3-6 hours a day, five days a week. Home visit programs are rare but may be introduced in certain cases. Children meet in a self-contained classroom and parent-teacher conferences, family counselling, and play therapy are provided as needed. Parents bring children in and are reimbursed for transportation costs, if under 49-142, by the public school, other parents transport without reimbursement. This program is self-contained; however some children are referred to a regional center for funding after their assessment. About 25-35% of instructional time is spent on one-to-one instruction. Developmental areas included in the instructional program are cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, and language/speech. These are specifically tailored to each child as needed. The staff consists of a master teacher/program coordinator, six teachers certified in early childhood, special education, and other categories, 15 paraprofessionals, parents and/or volunteers (number varies with population), one speech and language clinician, one psychologist, two social workers, and a parent coordinator. A team approach is used. Parents must participate; on-the-job training opportunities are available for professionals, paraprofessionals, students and volunteers. Staff meetings are held three times a week. Inservice training for staff development meets a minimum of once a week. Other opportunities are provided by the Dept. of Psychiatry and Division of Family and Child Psychiatry. Published curricula is not used as a guide in planning and implementing this instructional program. The following criterion-referenced tests are used for assessment-WPPSI, Peabody, Frostig, Leiter, ACLC, Slingerland, and ITPA. Informal assessment procedures commonly used are language sampling, Julia Ann Singer developmental assessment, and clinical observation. Children are assessed about once per year.

Parents actively particpate in the program 100% as teachers, members of a planning team, on the advisory council, as classroom aides and program evaluators. The staff meets with the parents as a group once a week and individual contact occurs once or twice per week. The staff is also available on an as-needed basis.

Program Effectiveness

There is a follow-up study now in progress to evaluate the effectiveness of this program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training on site, workshops/training at adopting sites, and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt this program model. This program has been replicated or adopted three times by other agencies/districts. Materials developed under this program consist of a training handbook, brochures in English and Spanish a Monograph, "Parents as Staff Partners," slide presentation on the program, and a film on the training of paraprofessionals.

Julia Ann Singer Preschool Center - Los Angeles

Speech and Pediatric Therapy Services

Speech and Pediatric Clinic
1800 Coffee Road, Suite A-1
Modesto, CA 95355 (209) 524-7574

Contact Person: Debbie Schumaker, OTR

General Program Information

This program provides therapy services to children who are not receiving appropriate programs through the public system. It has been in operation for three years and is funded through private sources, insurance, and Medical.

The program serves children, ages 0-18 years, who exhibit any of the following handicapping conditions -- learning, physical, communicative or severe. Twenty children are currently being served. Acceptance into the program is based on referral by a medical doctor and the results of a speech and/or occupational therapist's evaluation.

The program is basically a structured one, following a developmental model and stressing specific short-term objectives. However, it varies somewhat according to each child's needs.

The program is based on the following principles: 1) Neurodevelopmental training of gross motor, fine motor and feeding skills. 2) Sensory integrative facilitation of vestibular, proprioceptive and tactile systems to promote higher level motor skills. 3) Eclectic use of various educational training models -- behavior modification. 4) Speech articulation, language facilitation, modeling, etc.

Conduct of Program

Children are transported by their parents (without reimbursement) to the clinic two days a week.

Children spend up to three hours a day, two days a week in private or small-group therapy at the clinic. However, home visits are made if the need arises.

The staff consists of an occupational therapist and a speech/language clinician. Other professionals (physicians, physical therapist, etc.) are consulted as needed. The community resources utilized are medical facilities and social service agencies. Staff meetings are held one to two times a week and no inservice training is conducted.

All developmental areas are included in the program excluding socialization. No published curricula are used. However, a variety of adapted positioning devices and facilatory materials are used as special aids.

Formal assessment is made through Bayley Scales of Infant Development, Sequenced Inventory of Communication Development, Sewall Early Education Development Profile, Southern CA Sensory Integration Tests, ITPA and Peabody.

Checklists based on Gesell are used to make informal assessments, and formal assessments are conducted once or twice a year.

There is no active parental participation in the program outside of communicating with the therapist during and after the child's evaluation. Parent counseling is available, however, and parents of children ages 0-2 years receive parent training.

Program Effectiveness

Program effectiveness is evidenced by periodic reevaluations.

Dissemination and Technical Assistance

This program is available for visitation/observation and consultation by community agencies. The staff also attends school meetings and medical appointments as appropriate. The program has not been replicated.

Speech and Pediatric Therapy Services - Modesto

Parent-Infant Project

Children's Hospital Medical Center
758 Kingston Avenue, #106
Oakland, CA 94611 (415) 655-9521

Contact Person: Nancy Sweet
Project Director

General Program Information

This project developed, implemented and is evaluating a comprehensive family program. With educational and supportive techniques, it guides families in the important early years of a handicapped child, toward confidence, competence, autonomy and collaborative ability. Comprehensive multidisciplinary evaluation is followed by home-based and group programs individualized to facilitate infant and parent development. The program has been operational two and a half years and is currently funded by federal and local funds. Principles of the program are (1) early intervention with handicapped infants in the family context, (2) parent as primary teacher of the handicapped infant, (3) infant development and family adjustment are interactional, (4) emotional and educational support, and (5) transdisciplinary staff. The program uses an approach of discovery with broad goals determined by specific needs and abilities of each infant and family, and follows a developmental model for the parent as well as the infant. Children served are 0 to three years of age who are handicapped, or multiply handicapped, with mental retardation, cerebral palsy, neurological disorders affecting development, infantile autism and congenital anomalies involving disorders of the nervous system. There are 25 children in the program. Criterion for acceptance is one of the above, diagnosed under one year of age.

Conduct of Program

The program provided to the children is a combination home and center-based with one to two mornings in the classroom a week and one home visit a week. Family workshops are also held once a month. Age and family needs are primary determinants of options. Two and three year olds are in a mainstreamed program the majority of instructional time, provided by a collaborating preschool. Younger children are home-based or in a self-contained center. Transportation depends on location, family needs and resources. The staff transports in some situations. Medical facilities in the area are utilized as needed.

There are three early childhood/special education/child development certified teachers on the staff. They are assisted by two to three student volunteers, a consulting speech and language clinician, two consulting occupational/physical therapists, and a psychologist. Also involved in the program are a pediatrician, a clinicial social worker, a consulting nutritionist, and a consulting music therapist. Staff meetings are held two hours per week for case reviews as well as inservice training and program operations. Members of the staff are professionally trained and experienced; training needs are individually identified and met.

The Hawaii Guide for Early Learning, published by Vort Corporation, is used as a reference in planning the curriculum. All developmental areas are included in instruction, with parent development being an important area of instruction. Most of the instruction is on a one-to-one basis with the parent and infant.

Assessment tests for the infants consist of the Bayley Scales of Infant Development, Infant Learning Accomplishment Profile, Infant Behavior Profile, and the Infant Language Record. Assessment tests for the parent include Parent Behavior Progression, Home Inventory for Infants, Maternal-Attachment Scale and the Family Adaptation Profile. Informal assessment procedures commonly used are O.T, P.T. and nutrition. Children are formally assessed every six months. Primary parent involvement occurs through the home-based program which requires parental participation. Weekly and monthly group activities are designed as much for the parents as for the intants. Teachers, parents and infants work together. A parent support group and the availability of marital or personal counseling adds to the resources for parents. All parents actively participate as teachers, a planning team member, on an advisory council, as program evaluators and parent education. The staff meets with the parents in group meetings weekly or monthly and individually weekly.

Program Effectiveness

All assessments are currently being collected longitudinally and will be analyzed by June 1980. Preliminary data analysis indicates that all parents have made gains in parenting and coping skills measured by the four formal assessments of parently functioning.

Dissemination & Technical Assistance

This program is available for visitation/observation, workshops/training on site, workshops/training at adopting sites, follow-up visits to adopting sites, program monitoring at adoption sites and phone and/or mail consultation. There is no information given on criteria for agencies wishing to adopt this program model. This program/project has not been replicated or adopted by other agencies/districts. Materials developed under this program consist of a brochure, description of 5 model components, including principles, staffing, planning and evaluation materials and parent participation. Other materials consist of 'assessments: Family Adaptation Profile-positive teaching and coping skills which may serve as goals during the first years with a handicapped infant."

Parent-Infant Project - Oakland, California

Child Development Program

Rehabilitation Institute of Orange County
1800 E. LaVeta
Orange, CA 92666 (714) 633-7400

Contact Person: Cindy Ratekin
Director, Child Development

General Program Information

This is a interdisciplinary program for delayed children 18 months-5 years who can benefit from the services of a physical therapist, occupational therapist, speech therapist and special ed teacher. This program has been operational for two years and is funded by donations and the Easter Seal program. It is highly structured with specific short-term objectives and follows a developmental approach. Primary characteristics of children being served are learning handicapped, physically handicapped, communicatively handicapped, and severely handicapped. To be accepted into the program a child must be delayed mildly to moderately in two or more of the above areas.

Conduct of Program

The program is center/classroom based and meets several hours a day, four days a week in a self-contained classroom. Transportation by bus/van/taxi is provided by the program and parents also transport without reimbursement. Community resources utilized to carry out the program consist of a medical facility and a social service agency. Special equipment and/or materials are required to carry out this program and 50% of the instructional time is spent on one-to-one instruction. Developmental areas included in the instructional program are cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, and language/speech. The staff consists of a master teacher/program coordinator, two teachers certified in early childhood, six paraprofessionals, 50 parents and/or volunteers, three speech and language clincians, four occupational and/or physical therapists and one psychologist. Staff meetings are held twice a week and inservice training for staff development occurs once a week. The Behavioral Characteristics Progression by Vort Corporation, Palo Alto, CA is used as a guide in planning and implementing the instructional program. Commonly used for assessment are the Gesell Developmental Scales, Receptive-Expressive Emergent Language Scale, Preschool Language Scale, Reflex Testing Developmental Profile (Alpern-Boll) and the Vineland Social Maturity Scale. Behavioral Management needs are assessed informally. Children are formally assessed every six months. Parents participate in the classroom twice a month and there are also parent meetings and parent inservices regularly. The staff meets with the parents as a group monthly and individually every three months. Approximately 10% of the parents actively participate as volunteers and classroom aides.

Program Effectiveness

The increased developmental levels of the children indicate the effectiveness of this program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training on site, workshops/training at adopting sites, follow-up visits to adopting sites, program monitoring at adoption sites, and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt this program model. This program has been replicated or adopted by other agencies/districts. There is no information regarding materials developed by this program.

Child Development Program - Rehabilitation Institute, Orange County

Perceptual and Motor Development

Perceptual and Motor Development Center
844 E. Lincoln Avenue
Orange, CA 92665 (714) 974-3210

Contact Person: Linda Rasmussen
Ann Samuelson

General Program Information

This private clinic has been operational for three and a half years and its funding is from fees of clients. The program consists of a group program which includes gross motor activities such as crawling, rolling, scooter board activities, bilateral activities and some sensory stimulation activities such as tactile and vestibular, and an individual program with therapy with a certified Occupational Therapist skilled in sensory integration therapy. Principles of the program are developmental sequence, proper processing of sensory information, gross motor development, fine motor development and perceptual development. The program is highly structured, with specific short-term objectives and also one of discovery, with broad goals and most closely follows a developmental approach. It serves children in the age range of infants to fourteen years with learning handicaps and sensory dysfunction and some physical and communication handicaps. Any child with the above problems can be accepted into the program.

Conduct of Program

The service is center/classroom based several hours a day and assistance is given to a parent in making a decision on placement since there is no placement in the clinic itself. Transportation is furnished by the parents with no reimbursement. Community resources utilized to carry out the program consist of a diagnostic facility, medical facility, and social service agency. The program is vendorized by the Regional Center of Orange County and children are referred to doctors when the staff considers it indicated. Special equipment and/or materials are required to carry out the program. Approximately 100% of the instructional time is spent on one-to-one instruction in therapy and approximately 50-75% based on the class the child is enrolled in. Developmental areas included in the instructional program include fine motor, gross motor, sensory stimulation and sensory interpretation. The staff consists of a master teacher/program coordinator and two teachers certified in early childhood and education, and one occupational and/or physical therapist. Staff meetings are held as needed and inservice training consists of enrolling in courses available in the areas of the on-going work. Published curricula as a guide in planning and implementing the instructional program is not used as there is very little available for the ages 2-5. Assessment is accomplished by clinical observation by the directors with referral to the occupational therapist for testing and use of the Southern California Sensory Integration test when indicated. Various developmental tests are given by the OT when it is necessary for a complete diagnosis. Informal assessment is accomplished by clinical observation and the children are formally assessed every six months. Parent involvement consists of availability to observe all sessions and home programs. Parents do not actively participate in the program. The staff meets with parents as often as necessary and parents are kept up-to-date, usually following each session.

Program Effectiveness

Evidence of the effectiveness of this program can be suppled by observations, children's ability to perform in a school situation, improvement of muscle tone, new skills acquired and follow-up testing.

Dissemination & Technical Assistance

This program is available for visitation/observation, workshops/training on site, workshops/training at adopting sites, follow-up visits to adopting sites, and phone and/or mail consultation. Agencies wishing to adopt this program model must attend the training program.

This program has not been replicated or adopted by other agencies/districts. Materials developed by the program consist of a manual and handouts for parents with ideas on activities for children.

Day Treatment Center

Contact Person: Sylvia Weld

Pasadena Child Guidance Clinic School
62 Hurlbut
Pasadena, CA 91105 (213) 795-8471

General Program Information

The Day Treatment Center serves children with psychological problems, who are between the ages of three and eight. Its goal is "to change behavior based on awareness of the complexities of the child's development, his unconscious and his relationship with the important adults in his life." The principles stated are: "psychodynamic view of child development; interpretation of child's area of conflict that distorts his perception or behavior interfering with appropriate behavior; appreciation of mother-child relationship and intervention based on Object relation theorists." It is a loosely structured program emphasizing discovery and broad goals. A developmental model is followed. Children are admitted to the program after application for service at the Clinic and evaluation of need for psychological intervention. There are five children currently enrolled. The program has been operational for about 6 years and is funded by the county, Short/Doyle and MediCal.

Conduct of Program

Children meet in full-day sessions, five days a week in a self-contained classroom. The "children have a broad range of psychological problems from autism to behavior problems (i.e., aggression)." Parents have a car pool for transportation.

The master teachers and two other teachers are certified in special education and early childhood education. One is a participant in a therapy training program. They are assisted by 10 Occidental College students, and two work study students at the Masters level. The staff has meetings four times a week which include inservice training. "Small group allows for easy communication."

All developmental areas are included. "An attempt is made to view the child as a whole in relationship to his object and with the goal of increasing pleasure and comptency." The ratio of teacher to child is 5 to 1 with additional help of 1 to 2. Children are assessed by "weekly reports describing observed behavior, treatment plan and themes." No published curricula or special equipment are used.

All parents are personally involved in therapy. "Parents and teachers share the experience of caretaking of child and from their different point, pool their efforts to promote understanding of child and implement change from an enriched and more positive viewpoint."

Program Effectiveness

Evidence of effectiveness is "a personal commitment to the value of psychoanalytic theory and its application in the classroom; a belief and an experience that 'it works.'"

Dissemination and Technical Assistance

The program is available for visitation/observation. There has been replication of the program.

Day Treatment Center - Pasadena

Early Infant Development Programs

Contact Person: Fran Butler

San Diego County Assoc. for the Retarded
3035 G St.
San Diego, CA 92102 (714) 234-6711

General Program Information

The Early Infant Development Programs (2) serve 56 children ages 3 to 6, who have a developmental delay because of moderate or severe learning or physical handicapping conditions. Its purpose is to: decrease or eliminate developmental delay; assist the parent in coping with the situation; assist the parent in accessing and impacting the system; and provide an alternative to large public service agencies. It is somewhat structured, emphasizing short-term objectives but keeping sight of broader goals. "While the developmental model closely approximates the primary focus of the program, emphasis is also placed on the medical, behavioral and cognitive models." The program has been in operation for over 10 years and receives funds from federal, state and local governments as well as donations and support from parents.

Conduct of Program

The goal of the program "is to provide center-based services to all children and their parents; however the decision for home visit vs. center services is based on the needs of the individual child and the family. Children may be in an integrated or self-contained classroom. Parents transport their children without reimbursement. Diagnostic services are provided by the San Diego Regional Center and Crippled Children's Services.

The staff consists of four teachers, who are assisted by two nurses and two Child Development Instructors. Staff meetings are held daily and inservice training is held a minimum of once a month. All developmental areas are included in the program, including propreoceptive. The curriculum used is a "Publication from National Organized Collaborative Project to Provide Comprehensive Service to Handicapped Infants and their Families." About 75% of the time is spent on a one-to-one basis. Many types of special equipment are used "for protective extension development."

Formal assessment is done quarterly, using the Denver Developmental Screening Test and the Developmental Scale for Infants from the University of Michigan Infant Program. Informal assessment is by behavior observation and checklists.

Parents are "actively involved as they bring the child to the program and attend and participate for the length of the program." They also serve as members of the planning team and in parent meetings, socialization, and REACH-OUT to new parents.

Program Effectiveness

Evidence of effectiveness is provided by the program's current evaluation tool. "Children entering public school at three years of age are functioning at a higher level with more self-help skills after participating in the Infant program."

Dissemination and Technical Assistance

All types of technical assistance/training activities are available through this program. There are no established criteria for adoption. The "agency prefers to provide all training for free whenever possible." There has been one replication site. The program has developed "various developmental toys geared to the needs of the individual child being worked with."

Oakes Children's Center

Oakes Children's Center
1348 10th Avenue
San Francisco, CA 94122 (415) 564-2310

Contact Person: Karla Canfield
Executive Secretary

General Program Information

This program serves as a day treatment center providing therapeutic-educational care for severely disturbed children and their families. This program has been operational for 16 years and is funded by state, city, federal and private means.

Its principles are that each youngster will make an improved adjustment within the home and that parents, siblings, relatives, and friends can understand and enjoy the youngster to a greater extent than was true prior to enrollment at Oakes; the program will facilitate and strengthen all aspects of ego development; many of the children will be able to make an adjustment within the public or community educational systems; parents will experience greater confidence and comfort in their roles within the family unit; parents will gain an improved ability to assess their child and his/her needs realistically and plan accordingly; the center will provide training for volunteers and staff and serve as a resource for community agencies engaged in similar or related work. It is a highly structured, with specific short-term objectives program and also one of discovery with broad goals following a developmental model.

It serves 18 children with an age range of 2 - 12 who are accepted into the program because they are severely emotionally disturbed.

Conduct of Program

The children meet in a self-contained classroom five days a week for 3-6 hours. Drivers transporting the children are paid by the parents and the San Francisco Unified School District.

The staff consists of a Master Teacher/ Program Director, nine teachers certified in early childhood and special education, 11 parents and/or volunteers a psychiatrist, two medical social workers and one movement therapist. Community resources utilized in the program are a diagnostic facility, medical facility and social service agency. Special equipment is used in carrying out the program and approximately 75% of the instructional time is spent on one-to-one instruction with all developmental areas being included in the instructional program. There is no published curricula used in the instructional program. Children are assessed at the beginning and end of the year using the WRAT, Peabody, Boehm and Piaget assessment materials.

The staff requests parent confererences or home meetings each month. Approximately 50% of the parents attend the parent meetings. The staff and parents have group meetings once a month and individual contact once or twice a month.

Program Effectiveness

Of the 61 children who have graduated from Oakes since it was founded 60 of them have been located with the following statistical breakdown.

50% - public school (33% in spec.ed. classes, 16.6% in regular classes).
16.6% - residential treatment centers
15% - day treatment centers (similiar to Oakes).
6.6% - board and care homes
6.6% - Sonoma or Napa
5% - home: one child at home,
one graduate in a work training program,
one person in an adult vocational program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site and phone and/or mail consultation. There are no established requirements for agencies wishing to adopt this program model. This program has been replicated informally. There is a newsletter distributed by this program.

Oakes Children's Center - San Francisco

San Jose Speech and Hearing Center

San Jose Speech and Hearing Center
3002 Leigh Avenue
San Jose, CA 95124, (408) 264-6000

Contact Person: John F. Font, PhD
Director

General Program Information

This is a private speech and hearing center that provides diagnostic and therapeutic services for all types of speech, language and/or hearing problems from birth through adult. This program has been operational for fourteen years and it is funded through private funds. This program is based on the principles of (1), high professional standards, (2) rapid availability of services, (3) uninterruped services (program runs all year) and (4), profession interaction. The program is highly structured, with specific short-term objectives and uses a cognitive and developmental approach. It serves an age range of birth to adult for individuals who are communicatively handicapped. To be accepted into the program there must be a speech/language and/or hearing problem.

Conduct of Program

Services provided are center/classroom based with individual therapy and diagnosis for 1/2 to two hours a week. Individual diagnostic and individual or group therapy are the placement options provided by this program. Transportation is furnished by parents without reimbursement. This program receives referrals from MDs, community services, psychologists, teachers, etc.

The staff consists of six speech and language pathologists, one psychologist, and a audiologist. The staff meets once a week. Many speech and language-oriented programs and materials are used in instruction, which is totally one-on-one. Hearing and language/speech are the developmental areas covered in this program. Instruments used for assessment are the Peabody, Oral Peripheral, ITPA, articulation tests (Goldman-Fristoe, Fisher-Logerman), the Pre-School Language Scale, Hearing Screening, Language samples, ACLC, etc., and complete hearing testing services and aid testing services. Developmental scales are used for informal assessment and assessments are conducted initially, every six months and upon discharge.

Parents are informed of results and recommendations of evaluations, the therapy plan and program, how the child has performed that day and what to do at home to continue with the therapy goals. The staff speaks with the parents every session. Parents observe and/or do work at home with the child on a regular basis.

Program Effectiveness

Effectiveness of this program is evidenced by appropriate and timely dismissals.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training on site, and workshops/training at adopting sites. Fundamentally professional service guidelines are the requirements for agencies wishing to adopt this program. The program has not been replicated.

Materials are developed occasionally to suit individual children. A program brochure has been published, and various report forms, checklists, etc. have been developed.

San Jose Speech and Hearing Center - San Jose

Early Child Development Program

Poplar Center
515 E. Poplar Avenue
San Mateo, CA 94401 (415) 342-3558

Contact Person: Karen E. Campbell-Yapp
Director, E.D.D.P.

General Program Information

This program serves developmentally delayed infants 0-3 years of age and their parents. The staff is multi-disciplinary. Children and parents attend a group education/therapy session twice per week. During one session, a social worker conducts discussions and/or counseling with parents only. Children are also seen for individual by the physical or occupational therapist, or the teacher. Some children are seen on the Home Program once per week if they cannot attend the center. Emphasis is placed on a developmental model for children and on parent participation (both in terms of learning how to handle children and of emotional support for them). This program has been operational since February 1973 and is funded by the state and locally. Principles of the program are (1) the earlier a delayed (or handicapped) youngster receives appropriate therapy and education to enhance his/her development, the higher the likelihood that his/her potential will later be reached and that secondary handicapping conditions (e.g., behavior problems, orthopedic deformities) may be prevented and (2) parent involvement is a vital component of an infant program, maximizes maladaptive handling techniques, parent-to-parent and staff-to-parent support of the grief associated with having a handicapped or delayed child is offered so that the task becomes easier and becomes dealt with appropriately. The program is highly structured with specific short-term objectives and follows a developmental model for children in conjunction with parent education and parent counseling. Primary characteristics of the children served by the program are learning handicapped, physically handicapped, communicately handicapped, severely handicapped and any child who is developmentally delayed regardless of diagnosis, including infants at risk (for example, CP, MR, blind, premature, language delayed, etc). Acceptance into the program is based on a developmental delay, regardless of diagnosis, and the participation of a parent or parent surrogate on a consistent basis is requested.

Conduct of Program

Delivery of services is a combination of home and center based with approximately six hours a week in the classroom and approximately one hour per week in the home. There is a separate "Home Program" for children who cannot attend any of the center-based sessions. Placement options consist of self-contained classroom, home based, and combinaton home and self-contained classroom. Children are grouped with others of approximately the same developmental capacity; however, within each group there is quite a wide range of abilities. Transportation is furnished either by parents without reimbursement, or car pools and Redi-Wheels. There is a good deal of coordination of service from local community agencies. The consulting nurse and psychologist are provided by the County Department of Public Health and Welfare diagnostic unit. Special equipment, such as special orthopedic chairs, are used to carry out the program, and much regular equipment is adapted. Approximately 50% of the instructional time is spent on one-to-one instruction. Developmental areas included in the instructional

program consist of cognitive/preacademic/academic, self-help, fine motor, sensory development, socialization, gross motor, language and speech. The staff consists of a master teacher/program coordinator certified in special education and elementary and adult education, parents of children enrolled in the program, a speech and language clincian quarter time, two full and one half-time occupational and/or physical therapist, a psychologist on a consulting basis, a nurse quarter time, and a psychiatric social worker. Staff meets formally twice a month with daily exchange of information on a less formal basis. Inservice training for staff development occurs approximately once a month. Published curricula such as Portage, Koontz, and various booklets are used as a guide in planning and implementing the instructional program. The training and experience of each staff member is vital in developing individualized curricula based upon each child's individual needs. Commonly used for assessment are the Receptive/Expressive Emergent Language Scale (standardized)--language, conglomerate of items for social-emotional development, Motor Maturity Scale (conglomerate from standardized tools)--for gross motor development and reflexology, Milani-Comaretti--standardized tool for gross motor and reflexology, congomerate tool for fine motor development and daily activities such as feeding and dressing. The psychologist uses the Bayley Scale for testing. Informal assessment procedures commonly used are observation by parents and staff, staff exchange of expectations developmentally, observation by staff of normal children development in order to "keep perspective." Children are formally assessed on language and social once per year and every six months for gross, fine motor and ADL. Approximately 99% of the parents actively participate in the program as teachers, transporters, members of a planning team, advisory council and program evaluators. The parents provide information during the initial evaluation of the children. They attend all group sessions and individual session with the child. Group counseling is provided to them, and individual counseling when appropriate. There is ongoing "give and take" within the program and parent to parent support. "A program like this would not be effective were the parents not included on an intensive basis."

Program Effectiveness

Evidence of program effectiveness is apparent by parent and community response. Schools to which children "graduate" report children who have had infant intervention are functioning at a higher developmental level. Parents, on an ongoing basis, indicate support and suggestions received are beneficial. Funding sources give positive feedback. Medical people refer children earlier and with more frequency than when the program began.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training on site (usually only for staff), phone and/or mail consutation, and the staff is willing to help anyone in any way possible, although no formal methods have been established by which this is accomplished. There are no established criteria or requirements for agencies wishing to adopt this model. No specific replication of this program has been done, but the "New York U.C.P.A. did a large project in this regard, of which this program was a part." Materials have been developed which are specific to this program.

Early Child Development Program - Poplar Center, San Mateo

UCP Home Visit Program
UCI-UCP Collaborative Infant Development Program

United Cerebral Palsy Assoc.
of Orange County
3020 West Harvard Street
Santa Ana, CA 92704 (714)546-5760

Contact Person: Jackie Popp
Infant Programs Coordinator

General Program Information

This program provides comprehensive developmental evaluations and bi-annual re-evaluations, an In-Center Program, Home Vist Program, Parent Support Group and a Student Training program. The program has been operational since 1979 and is funded by both state and local funding.

The principles of this program are (1) infancy is the most critical developmental period in the life of the child. Intervention for atypical children will be more effective if it is begun in infancy. (2) During the early years, the parents are the most influential people in providing daily care and activities for the infant. (3) The atypical child is first and foremost, a child -- a whole child, not a series of affected parts and must be treated as a whole child in any infant program if the program is to be ultimately successful. (4) The child is part of a family unit. Priorities are set and amended with individual family needs respected. (5) Use of the Team approach is an effective way to meet the needs of a developmentally delayed infant. (6) The team structure provides appropriate expertise for teaching child development. This program follows a combined medical and educational model with long term goals utilizing short term objectives.

The age range of the children is 0-3 years of age and primary characteristics of the children served by the program are developmental delay-multi-handicapped. Acceptance into the UCP Home Visit Program requires child to be 0-1 years of age, and developmentally delayed. Under the UCI-UCP IDP program in which infant is capable of attending an in-center program, admission age may range from birth to 2 years, 5 months. Other criteria are availability of other appropriate programs in community, availability of reliable transportation, parent commitment, maintenance of a spectrum of diagnoses to enable program to meet instructional responsibility to University, parental need for group support and family unit's appropriateness for the program.

Conduct of Program

The programs are home based, meeting one-or-more hours once a week and center/classroom based, meeting 0-3 hours two days a week. The program provides a placement option of a self-contained classroom and home based. Normal siblings are in attendance only occasionally. Transportation is furnished by parents without reimbursement.

Instructional time is spent on one-to-one a hundred percent in the home visits and twenty-five percent in the UCI-UCP Infant Development Programs. Developmental areas included in the instructional program are cognitive/pre-academic/academic, self-help, fine motor, socialization, gross motor, language/speech and sensory. Community resources utilized to carry out the program consist of a diagnostic facility, medical facility, Social Service Agency and the California Children's Society. Special equipment and/or materials are required to carry out the program.

The staff consists of a teacher certified in early childhood and Trainable Metally Retarded, two parents and/or volunteers, two occupational therapists, one physical therapist, two psychologists, and a physical therapist coordinator. The staff meets weekly and inservice training for staff development meets bi-annually. Published curricula is not used as a guide in planning and implementing the instructional program. Commonly used for assessment are the Bayley Scales of Infant Development, Fiorentino-Reflex testing, Michigan Early Intervention Development Profile, ROM and MMT. Informal assessment consists of parent interviews and observation. Formal assessment is conducted every six months.

Virtually 100% of the parents participate in the program as members of the planning team because the program is a parent education model whose goal is to teach parents to be the primary programmers. The staff meets with the parents in the home visit program once a month as a group and individual contact is on an average of once a week. The UCI-UCP/IDP program meets as a group weekly and twice a week on an individual basis.

Program Effectiveness

Effectiveness of the program is indicated by the percent of goals met within six month time periods.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation. There are no established requirements for agencies wishing to adopt this program model. This program has not been replicated or adopted by other agencies/districts and there are no materials developed by this program.

UCP Home Visit Program
UCI-UCP Collaborative Inf Devel. Program - UCP Assoc. of Orange County, Santa Ana

AID (Agency for Infant Development)

Sonoma County Agency for Infant Development
1741 4th Street
Santa Rosa, CA 95404 (707) 545-0213

Contact Person: Sue Powell
Director

General Program Information

This program offers weekly home visits to each child, assessments by a developmental pediatrician,whole team evaluations, and a roster of groups including an integrated kindergym for fathers, AID and normal infants, a parent-infant class once a week, a discussion group for mothers, an annual Family Camp retreat, other groups as needed such as "Parents of Downs infants," "Parents soon to graduate," etc. It serves 53 children between the ages of 0-4, has been operational for seven years, and is funded by regional centers, other public agencies, grants, United Way and private donations.

Principles of the program are 1) that the parent is the primary person with impact on the child. Home visits are the main emphasis of the model. 2) Transdisciplinary staff is essential. The program has four disciplines. 3) Individual programming is based upon assessment of the child, parent participates in program planning. The program is primarily highly structured, with specific short-term objectives, but is based on "individual" need. Some children have been too structured and need to "discover" their own resources, others need much specific instruction to develop skills. The program most closely follows a developmental model. Acceptance into the program is based on developmental delays or risk of delays due to any cause and handicaps of learning, physically, communicatively and severely handicapped.

Conduct of Program

The service is a combination of home and center-based with one/two hours a week in a home visit. About 1/3 of the children participate in normal or integrated preschools. "Home visits" often take place at the preschools to insure success of mainstreaming. Transportation is furnished by the parents without reimbursement.

The staff consists of a master teacher/program coordinator, two teachers certified in early childhood, special education, adult education, and adaptive physical education. There is one paraprofessional, four parents and/or volunteers, one occupational and/or physical therapist, one social worker, one pediatric public health nurse, one developmental pediatrician, and one Elks Club speech therapist in the area who works closely with the program staff. The staff meets weekly for three hours and inservice training for staff development meets four times a year. A diagnostic facility and social service agency are utilized and CCS provides consultation regularly. Most of the diagnostic work is done through the Regional Center. This program requires special equipment. All developmental areas are covered in the instructional program, and approximately 60% of the instructional time is spent on one-to-one instruction.

Curriculum is adopted from a variety of sources and published curricula are used as a guide in planning and implementing the program. Commonly used for assessment are the Bayley Scales, Gesell, Denver Development Screening Test, and the Caldwell Home Inventory. Informal assessment consists of parent

reports, staff person's "common sense," formal team evaluations using a combination of a formal tool and staff expertise. Children are formally assessed every six months.

Parent involvement consists of weekly home-visits which are parent-training oriented, parent discussion groups, parent-infant class and kinder-gym for fathers, which have strong parent focus. There are parent educational meetings 3-4 times a year. Parents serve on the Board of Directors, help with policy and fund-raising. They do the newsletter since the parent is the primary agent of change. Parents are the main target for intervention on all levels. One hundred percent of the parents actively participate as volunteers, planning team members, advisory council, program evaluators and participating to some extent in the infant's program at home visits and between home visits. There is individual contact with the staff weekly, and group meetings vary.

Program Effectiveness

Since some of the children have degenerative conditions the programs cannot be rated by child improvement. Parent feedback during and after participation is probably the best indicator but this had not been formalized.

Dissemination and Technical Assistance

This program is available for visitation/observation, phone and/or mail consultation. There are no established requirements for agencies wishing to adopt this program. The program has been replicated two times in a rural locale. Materials have been developed by the program for its own use. Brochures advertising information on the program are available for dissemination. Because of limited funds the program focuses on the familes served rather than outreach. This could change if funds permit.

AID - Sonoma County AID, Santa Rosa

Easter Seal Pre-School

Easter Seal Society
10730 Henderson Road
Ventura, CA (805) 647-1141

Contact Person: C.T. Hashbarger,
Exec. Director

General Program Information

This program is based on the premise that through structured experiences children will discover the process of learning, as individual tasks are designed to promote inquiry and the process of problem solving is facilitated. The program is funded through voluntary contributions and has been operational for six years. Principles under which this program is based are Gesell, Piaget, behavior modification used in classroom as needed, and Jean Ayers. It is a highly-structured program with specific short-term objectives and follows cognitive, behavioral and developmental models. The age range of the children served is 2½ - 6 years with characteristics of learning handicapped, physically handicapped and communicatively handicapped. Acceptance into the program is based on speech and language handicap, sensory motor, behavior, and fine motor handicaps.

Conduct of Program

The program is home-based with visits of one plus hours, and center/classroom-based 3-6 hours a day. This program provides an integrated classroom with children in the classroom ranging from "normal" to developmentally delayed. Children are transported to the program by the parents without reimbursement. Community resources utilized to carry out the program consist of a diagnostic facility, medical facility and social service agency. Special equipment is required to carry out this program and instructional time is spent on one-to-one instruction for two hours. Developmental areas included in the instructional program consist of cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, language/speech and others. The staff consists of a master teacher/program coordinator, one teacher certified in early childhood and special education, two paraprofessionals, two parents and/or volunteers, one speech and language clinician, and one occupational and/or physical therapists. Published curricula are not used as a guide in planning and implementing the instructional program but generally accepted developmental norms and standardized tests are commonly used for assessment with appropriate tests being administered by the speech therapist and occupational therapist. Informal assessment procedures consist of parental evaluations and observation of children by the staff. Children are formally assessed twice and as the need arises. Parents agree to work in the classroom at least one day a month when their child is admitted to the program and parents participate actively one hundred percent as volunteers, transporters, members of a planning team, and as classroom aides.

Program Effectiveness

Test scores of this program are an indication of the effectiveness of the program. There is no learning verification or studies that have been done or are in process under this program.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt this program model. It is not known whether this program or project has been replicated or adopted by other agencies/districts and there has been no formal material developed by the program.

Easter Society Pre-School - Ventura

PUBLIC SCHOOL DISTRICT
PROGRAMS

Pre-School Multi-Handicapped

Contact Person: Edna A. Thompson
Melvin Lew

Alameda Unified School District
2200 Central Ave., Dept. of
Pupil Personnel
Alameda, CA 94501 (415) 522-6700 Ext.260

General Program Information

This is a program for children in the age range of three to six, who are learning handicapped, physically handicapped, and/or communicatively handicapped. "The current program grew out of general findings from referral agencies expressing the need for a preschool multi-handicapped program." The common objectives are (1) to increase the rate of cognitive, emotional and language development to a more nearly appropriate level to the sequential development of normal children and, (2) to increase the subsequent rate of pre-academic and social performance with the goal of mainstreaming experience. It is a federally-funded program and has been operational since July 1979.

It is based on the principles of: (1) developing the ability to communicate non-verbally by means of eye contact, gestures, approximations of speech, (2) developing the ability to follow verbal directions, (3) developing pre-academic and eventually academic skills, (4) improving the child's sensory motor integration and thereby teach him to direct his physical abilities to an independent social being with the acquisition of basic self-help skills in dressing, personal hygiene, and eating. This project follows a cognitive and development model and balances the need for short-term objectives with that of broader goals. The program is presently serving six children. The criterion for acceptance into the program is the existence of more than one handicapping condition.

Conduct of Program

The program provided the children is center based, meeting in full day sessions in self-contained classrooms. Transportation is provided by the program. A very small percentage of time is spent with normal children.

The staff consists of one early childhood and special education certified teacher, a paraprofessional, a speech and language clinician and a psychologist. Staff meetings are held weekly, as are inservice training sessions. Local diagnostic, medical, and social service agency services are utilized as needed.

All developmental areas are included in instruction, with approximately 50% of instruction time spent in a one-to-one situation. There is no published curricula utilized or special equipment needed. Formal assessment is carried out every year or by request if indicated, using the McCarthy Screening Test, Bayley Scale of Infant Development, Cattell Infant Scale, Columbia Mental Maturity Scale, Boehm Test of Basic Concepts, SOMPA (Adaptive Behavior Inventory), and Socio-cultural scales (Health History). Informal assessment procedures used are class and home observation, a check-list of progress in adaptive PE, and parent use of the "Adaptive Behavior Scale."

Approximately 85% of the parents actively participate in the program as volunteers and members of a planning team and advisory council.

Program Effectiveness

No information of program effectiveness was provided.

Dissemination and Technical Assistance

No information on dissemination/training and technical assistance was provided.

Pre-School Multi-Handicapped - Alameda USD, Alameda

Special Education Program

Anaheim City School District
413 E. Broadway
Anaheim, CA 92805

Contact Person: William A. Thompson
Deputy Superintendent

General Program Information

This is a program for 3 and 4-year-old children with learning and communicative handicaps. It is supported by a combination of federal, state and local funding and has been in operation for 2 years. There are 24 children currently in the program.

It is based on cognitive and developmental models and is somewhat structured, balancing broad goals with specific short-term objectives.

Conduct of Program

Children meet in a center/classroom setting. About 15% of the time is spent with less handicapped or normal children. The program provides a bus for transportation.

The special education teacher is assisted by three paraprofessionals, two speech and language clinicians and an occupational/physical therapist. A psychologist's services are used as needed. Staff meetings are held weekly; inservice training is available monthly.

Developmental areas included in the program are fine motor, socialization, gross motor, and language/speech. About 10% of the time is spent on one-to-one instruction. No special equipment is needed; no published curricula are used.

About 90% of the parents actively participate in the program, as volunteers, classroom aides, members of the planning team and advisory council.

Program Effectiveness

No information was provided to us on program effectiveness.

Dissemination and Technical Assistance

No replication has been made of the program. There are no criteria for adoption.

Preschool Language
Handicapped Project

Baldwin Park Unified School District
3699 N. Holly Ave.
Baldwin Park, CA 91706 (213) 962-3311

Contact Person: Claire Letto

General Program Information

This program utilizes a "preschool services team which consists of a speech, language and hearing specialist and two credentialed elementary teachers augmented by the PL 94-142 psychologist and bilingual home liaison. The responsibility of the preschool team is to implement a complete language program for children 3 to 4-9 years of age having severe or moderate handicapping conditions. The identified preschool handicapped children will be served in a neighborhood school, the child's home, or a combination of these. The preschool service team will inservice parents, teachers, and appropriate others dealing with the language handicapped child. Opportunities will be provided for individual, small, and large group inservice, observation, and instructional participation."

The program is based on the principle that "future academic success depends on an adequate base of language skills. This can be accomplished by teaching parents to teach their children and providing structured interaction with peers." The program follows a development model stressing specific short-term objectives. Children residing in Baldwin Park who manifest more than a year delay in two language areas are eligible for the program. At present, 61 children are being served. The program is supported by a combination of federal and local funds, and is in its third year.

Conduct of Program

Combinations of home and center-based placement can mean up to 5 days in the classroom or 10 hours a week in the home, with variations depending upon need. All children identified are encouraged to enroll in Headstart under handicapping condition qualifications and approximately 95% participate. Children with other handicapping conditions than speech and language can be referred to programs operated by the county and neighboring districts. Children are worked with in Headstarts, homes, Children's Center or a combination of the above. The project staff is itinerant.

Instruction is given across all developmental areas as needed. Medical and social service agencies are available for consultation. No special materials are required to carry out the program.

The two teachers are aided by one paraprofessional, a speech and language clinician and a psychologist. 95% of the instruction is on a one-on-one basis. There are weekly staff meetings and monthly inservice training. Tests used for assessment include: PPVT, Fisher-Logeman, SICD, Language Sampling. Formal assessment is conducted annually; informal assessment is accomplished by the Boyde Developmental Scale, and observation of behavior and lauguage on the playground.

"An integral part of the program will be parent involvement in the following areas: (1) parent advisory, (2) individual conference to develop the Individual Education Plan, (3) determining and modifying objectives, (4) on-site observations, (5) extending service through home reinforcement, (6) evaluation of student progress, and (7) redefining of the Individual Education Plan." All parents are required to participate in language lessons with the teacher and child and to follow through with teacher suggestions. The staff meets with the parents 2 times a year in group meetings, has individual contact 1-3 times per week.

Program Effectiveness

The effectiveness of the program is ascertained by individual pre and post assessment of the children. The increase of preschool identification of various handicapping conditions needing special attention also testifies to the effectiveness of the program.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. No criteria are established for adoption. The program has not been replicated. A brochure has been produced for dissemination, entitled "Helping Your 3 & 4 Year Old to Speak Easily and Distinctly" (English and Spanish version).

Preschool Language Handicapped Project - Baldwin Park USD

Integrated Pre-Kindergarten Program

Contact Person: Lottie Rosen

Berkeley Unified School District
Spec. Ed. Services
3081 King St.
Berkeley, CA 94703 (415) 644-6210

General Program Information

This is a special education program for learning, physically and communicatively handicapped children, aged 3-5. Funding is by local sources, experimental program and incentive grant. Twenty-two children are integrated into 3 childrens' centers and one parent nursery site. Each child has an IEP which is supervised by a special education teacher. The program has been in operation for 9 years. In order to be eligible for the program, the child must be handicapped, a Berkeley resident, have parental consent and be able to benefit from placement in an integrated setting.

The following describe the principles behind the program: "(1) developmental approach, (2) approximately 10% handicapped children integrated into each prekindergarten program, (3) Special Ed teacher and support services provided at each site, (4) staff and parents maintain close contact, (5) individual sessions for special needs and maximum participation in the regular program. The program has a balance of structured and open activities."

Conduct of Program

Children spend 50 to 95% of the time in an integrated setting, in a center program. It is a daily program; in the children's center some children spend up to 10 hours a day. Transportation is furnished by the school. Referrels to community resource services, diagnostic, medical and social service, are coordinated by the program's health consultant and psychologist.

Instruction is given across all developmental areas. Special equipment is available and used for the orthopedically handicapped. There are three Special Ed. teachers, assisted by 6 paraprofessionals, two speech and language clinicians, a psychologist, health consultant, and sensory motor training specialist. One-on-one instruction occupies 10-50% of the time. On site staff meetings are held weekly; monthly meetings are held for the entire district. Inservice training consists of on-the-job training and conferences.

No published curricula are used in the instructional program. Tests used for assessment include the Learning Accomplishment Profile, the Brigance Inventory Early Childhood, and Portage Project materials. "Each site is trying different assessment materials this year." Children are formally assessed annually. Informal assessment is accomplished by observation and participant observation.

About 20% of the parents are active participants in the program as teachers, members of the planning team and advisory council members. Parents meet with the special ed. staff regularly. Group meetings of staff and parents are held monthly, with individual contact as often as needed.

Program Effectiveness

Evaluation of the effectiveness of the program is accomplished by annual program reports.

Dissemination and Technical Assistance

The program is available for visitation/observation and workshops/training on site. Also available are follow-up visits to adopting sites. There are no criteria for adoption. Assistance can be provided for mainstreaming, based on 9 years of experience. Films and slides are available. Head start teachers in six bay area counties received training and utilize materials and methods developed by this program.

"Early Growth Center Check Lists and Lessons" are teacher training materials developed by this program. The cost for these is $30.00. Also available is a film, "Film-Kelly," distributed by EDC, Newton, Mass.

Preschool Communications Center

San Juan Unified School District
3738 Walnut Avenue
Carmichael, CA 95608 (916) 484-2129

Contact Person: Jennifer Fennell
Project Coordinator

General Program Information

"The Preschool Communications Center provides intensive service/training to approximately 80 preschool children ages 3 years to 4 years 9 months who represent both inadequately served and prior identified but unserved populations. The Communications Center staff provides intensive education/training to the severely language/speech impaired preschool children for a minimum of five hours per week and also offers services to the inadequately served on a consultant inservice basis."

Instruction/training services are provided to the target population (40 children) through individual and small group instruction in the Communications Center. Extensive parent education, staff development and parent/child counseling activities are included in this project.

This program has been operational since January 1979 and is a PL 94-142 Incentive Grant funded by the federal government. It is based on the principles: (1) service to all preschoolers with severe language and speech deficits regardless of other handicaps (Communication deficits are usually present at the preschool level across all handicapping conditions) (2) early intervention, (3) staff development of special class and regular preschool teachers and aides, (4) parent education, (5) use of paraprofessionals (communication aides), (6) coordination with regular preschool programs to provide the least restrictive environment. The program is highly structured, with specific short-term objectives, and follows a cognitive, behavioral and developmental approach. It serves communicatively handicapped and although the projects eligibility criteria requires the primary needs to be language and speech, the project serves children that have other characteristics as well.

A student between 3-0 and 4-9 years of age may be considered for special education at the Preschool Communications Center in the areas of language and speech therapy when needs in attention, vocabulary, articulation, auditory discrimination, basic concepts, receptive language comprehension, stuttering, or voice cause difficulty receiving or expressing ideas, or prohibit them from efficiently and effectively interacting and responding to their environment.

Conduct of Program

Delivery of services is a combination of home and center based with two days in the classroom and 15-30 minutes in the home. Field visitations are to the home and/or regular preschool. This program is self-contained at the Center two days per week. "All the children are language/speech handicapped but with varying ability and potential from severe to gifted." In addition, some are enrolled in regular district preschool programs, private preschool programs and a few in special classes. Children are transported by the parents bringing them in and being reimbursed and the program also provides bus/van/taxi transportation. Community resources utilized to carry out the program are a diagnostic facility, medical facility, and a Social Service agency. Sixty-five to one hundred per cent of instructional time is spent with less handicapped or normal children.

The staff consists of a master teacher/program coordinator (Speech Specialist) certified in special education and speech/language. There are four paraprofessionals, one part-time speech and language clinician and one part-time psychologist. Staff meetings are held weekly and inservice training for staff development monthly. One preservice training is approximately five inservices. Published curricula is used as a guide in planning and implementing the instructional program. A sample of programs purchased is Teach Your Child to Talk (Parent Education Program) Fairfield, NJ and Peabody Kits (Level #P and PEEK) Goals Kit, American Guidance Assoc., Circle Pines, MN, and Kaplan School Supply Corp., Winston-Salem, NC. The criterion referenced tests most commonly used for assessment are Peabody Picture Vocabulary Test, Arizona Articulation Proficiency Scale, and Utah Test Language Deveopment. The informal assessment procedures commonly used are screening instruments used by the Communication Aides: Brigance Diagnostic Inventory of Early Development (birth to 7 years), Evaluation of the Speech Mechanisms, and language samples elicited by the speech clinician. Children are formally assessed at placement and again at annual reviews.

Parents actively participate in the program by implementing speech/language programs at home and parents are involved in the regular preschool programs as volunteers and classroom aides. The parent education component involves (1) monthly parent group meetings covering language development, speech/language deficits, behavior management, center activities, home activities, and parent concerns, (2) parent training sessions offered one morning a month to small groups of parents whose children have similar needs. Activities include the Teach Your Child to Talk program, development of home lessons plans, structured practice sessions and parent/aide follow-up meetings and observations, (3) Individual parent conference, home visits and annual reviews.The staff meets with parents weekly in groups and weekly in individual contact. Evening parent group meetings are scheduled once a month and parent training sessions are scheduled weekly.

Program Effectiveness

Pre and post test data, parent letters and involvement and language samples pre and post indicate the effectiveness of this program.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation to other agencies/districts. Articulation Box Lesson objectives and activities are being developed for child use instructional materials; Center Forms, and a brochure entitled "Summer Activities Book," and a Center slide presentation are materials developed by this program.

Preschool Communications Center - San Juan USD, Carmichael

Handicapped Pre-School

Contact Person: Taylor Lyen

Castro Valley Unified School District
P.O. Box 2146
Castro Valley, CA 94546 (415) 537-3000
Ext. 19 or 22

General Program Information

This is a program for physically and communicatively handicapped children, aged 3 - 4.9. It is in its third year, is funded by a combination of sources, and serves 12 children at this time. Criteria for acceptance are: (1) approval by Admissions and Transfer Committee, (2) in the case of visually impaired students - opthalmologist's report, (3) appropriate determination following teacher assessment.

Conduct of Program

Children can be in either a self-contained or integrated classroom, generally spending about 30 minutes a day with non-handicapped children. The mainstreaming potential is greatly enhanced by the presence of a general education AB 1331 preschool program at the school site.

Transportation is provided either by the program or parents, who are reimbursed. A variety of agencies are involved in the execution of program services, diagnostic, medical and social service.

Instruction is across all developmental areas. Numerous motor materials to enhance gross and fine motor development are used: barrel, bouncer, hammock, air pillows, exercise ball, mats, etc. The program also has equipment for braille reproduction. About 15% of instructional time is spent on one-to-one instruction.

There are three teachers in the program who are certified in special education. They are assisted by 2 paraprofessionals, and a various number of parents/volunteers. They also have the assistance of a psychologist. With the large number of staff involved, it has proved necessary to meet weekly; better coordination of service has been the result. The frequency of inservice training varies.

Published curricula used in this program include Project Vision-Up and the Santa Clara Inventory of Developmental Tasks. These are also used in assessment, as is the Oregon Project test. Children are formally assessed twice a year, with informal assessment made by teacher-kept checklists, classroom and home observation, and log keeping.

All parents participate in the program to some extent, in observation of program and as volunteers on field trip excursions. Parents often participate in informal on-site counseling with the teacher. Home visits are an integral part of the preschool program; there is individual contact with parents at least every two weeks.

Program Effectiveness

The program is evaluated for effectiveness by pre and post assessment scores and by parent and student satisfaction.

Dissemination and Technical Assistance

The program is available for visitation and observation, and phone and/or mail consultation. There are no criteria for adoption. There have been a few replications of this program.

Handicapped Pre-School - Castro Valley USD,

Aurally Handicapped Program

Contact Person: Eldon F. DeWitt

Ceres Unified School District
P.O. Box 307
Ceres, CA 95307

General Program Information

This is a long standing program (28 years) for hearing impairment children from 1 day to 16 years. It is funded by the state under the Master Plan. It begins with home visitation with parent conference and instruction in the impact of a deaf child in the family, gradually evolving into inclusion in a school program at the approximate age of 2 years. Beginning with age 5 they are then graduated from the infant program into the regular curriculum of the Hearing Impaired.

The program is fairly structured, believing that long range goals are realized by the implementation of short term objectives based on adequate diagnostic procedures and prescriptive instruction. It follows a developmental model.

Conduct of Program

Depending on age, children are accommodated in home, combination home and self-contained and home and integrated programs. Amount of integration is from 25-50%. The classroom program meets daily, hours in home visit can be from 1 to 4. Transportation to classrooms is contracted.

There are two teachers who are certified in special education. They are assisted by two paraprofessionals, a speech and language clinician, a psychologist, and a nurse. Staff meetings are held weekly, inservice training once a month. The program utilizes material from the John Tracy Clinic in Los Angeles. There are cooperative relationships with county agencies dealing with the same families, and with the School of the Deaf in Berkeley. There is also cooperative integration with regular kindergarten.

Parents act as volunteers in the classroom; they are in on-going individual contact with the staff, in home or classroom visits. Parents are given instruction in a basic communication process (singing, prereadiness activities, health instruction).

Program Effectiveness

An annual review of short term objectives is undertaken based on the predetermined goals for success. Evidence of effectiveness of the program is progress in learning through pre and post diagnostic activities.

Dissemination and Technical Assistance

This program was adopted from guidelines provided by the state. There are no known replications.

Tracy Infant Center

Contact Person: Linda Scott

ABC Unified
16700 S. Norwalk Blvd.
Cerritos, CA 90701 (213) 926-1431

General Program Information

The Tracy Infant Center has been in operation for four years and currently serves 20 children, 0-3 years of age. These are learning handicapped and physically handicapped infants and young children who are qualified by Regional Centers. Funding is by Incentive Grant and the Regional Centers. It is based on the principles that (1) the parent is the prime teacher; (2) parents need education and support; and (3) children can learn much from mainstreaming with their peers. It is a highly structured program stressing specific short-term objectives, using a developmental approach. Regular planning sessions are held for each child's program. The parents are expected to follow through at home with program goals and activities.

Conduct of Program

The program is based in an integrated classroom setting, approximately 3 hours a day, two days a week. "The therapist models the activity (intervention) with the handicapped child. The parent copies the activity with a nonhandicapped child. The nurse and psychologist work with the parent to meet the daily needs of the child (family). Daily parent coffees offer opportunities for mutual support of/by parents." The program provides transportation for some children; others are transported by parents.

Instruction is given across all developmental areas. About 25% of the time is spent on one-to-one instruction, either with a therapist or the teacher. Social service and medical agencies in the area are utilized as needed; there are constant exchanges of written information between the center and the child's physician.

The staff includes a program supervisor and four teachers, certified in early childhood education, and in parent education. There are eight paraprofessionals, 20 active parent aides, a speech/language clinician, two occupational/physical therapists, a psychologist, nurse, custodial personnel and three student helpers. Staff meetings are held weekly and inservice training, monthly.

Materials from the San Juan Project, Carmichael, CA are used as instructional guides. The Bayley Scales are used for assessment; children are assessed at least every six months. An extensive list of special equipment, e.g., standing boards, motor development equipment, etc., is used in the program.

All of the parents are involved in the program in some way, as teachers, transporters, or classroom aides. There are no formal parent/staff group meetings, but there is on-going individual contact.

Program Effectiveness

No information on program effectiveness has been made available to us by this program.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation, as well as workshops/training either at the program site or at adopting sites. There are no established criteria for adoption. The program maintains a parent library and publishes a newsletter.

Tracy Infant Center - A[illegible]nified, Cerritos

P I G - Speech

Mt. Diablo Unified School District
1936 Carlotta Dr.
Contact Person: Robert R. Shearer Concord, CA 94519 (415) 682-8000

General Program Information

This is a program for children aged 3-5 who have communicative disorders. It provides earliest identification, therapy, and remedial planning for children and their parents. The program has been in operation over two years, serves 289 children and is funded by local, state and the federal government. Children must exhibit linguistic incompetence for admittance.

The program follows a developmental model with a program that leans toward the philosophy of discovery and broad goals.

Conduct of Program

Several types of placement options are provided: integrated classroom, home based, combination home and self-contained, and combination home and integrated. The 3-year-old program is mainly home based, with 1.5 hours in the home per week. Classroom programs meet an average of 3.7 days per week. Children spend approximately 85% of their time in integrated environments. Parents transport their children without reimbursement, unless it is necessary.

Language/speech is the main developmental area of the program, but cognitive, self-help, fine motor, and socialization areas are included as part of the integrated program. A variety of community resources are utilized to carry out the program. No special equipment is necessary for the program.

The staff includes a program coordinator and 3 speech and language clinicians, who are certified in special education. The staff meets once a month for consultation and inservice training. The teachers spend about 60% of their instruction time in one-on-one contact. No published curricula is used.

Children are formally assessed twice a year. The Santa Clara test is used; Assessment is also by language sample and hearing tests. Informal assessment procedures are chosen by the speech pathologist.

About 35% of the parents are actively involved in the program, as volunteers, transporters, classroom aides and members of the advisory council. Parent support groups are available as needed, with leadership provided by the project through contract with the UC Center on Deafness. Staff-parent group meetings are held once a month.

Program Effectiveness

Evidence of effectiveness has been limited.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. There are no established criteria for replication. The program has not been replicated to their knowledge.

Lori Ann Infant Center

Contact Person: Anne Benninghoven
Coordinator

Lori Ann Infant Center
Fresno Unified School District
651 B St.
Fresno, CA 93706 (209) 266-4732

General Program Information

The Center Program provides services for children from eighteen months through three years of age. It "supports the concept that early intervention facilitated by professional staff and parent involvement significantly enhances the growth and development of infants who are developmentally delayed. Individualized and group programming in the major learning areas provides an enriched environment in which the developmentally delayed child may fully realize his potential." It presents a fairly structured program emphasizing short-term objectives, following a developmental model. Funding is by the state. The program has been operational for 3 1/2 years.

The program currently serves 42 children with significant developmental delay in gross, fine motor, language, self help or cognitive areas of development or at risk for delay due to birth defect or sensory impairment. Infants can be referred soon after birth based on various genetic or traumatic birth defects. The majority of referrals are channeled through Central Valley Regional Center and often include the results of a Denver Developmental Screening Test showing current areas of delay. All infants referred must reside in Fresno County, and services are free to those eligible children and families.

Conduct of Program

Children are placed in either a self-contained classroom, are in a home based program, or a combination of each. They normally spend two days a week in the classroom; home visits are made for one hour a week. Transportation is furnished by the Fresno Association for Mentally Retarded, through funds from Central Valley Regional Center. The Central Valley Regional Center cooperates closely with the Center, which offers a vast array of professional staff and services. Other cooperating agencies include city and county school districts, private daycare centers and residential infant care centers.

Instruction is given across all areas of development; individual instruction ranges from 100% for home visits, to 60-75% (1 1/2-2 hours) in the school center. Adaptive equipment for physically handicapped children is utilized as necessary.

Staff consists of a half-time coordinator, one teacher who is certified in early childhood education and special education, 4 paraprofessionals, one speech and language clinician, a occupational/physical therapist, and a various number of parent volunteers. The program is served by a half-time psychologist, half-time nurse, and part-time secretary. The staff meets once or twice a week, and inservice training is held weekly.

The Center uses the San Juan Developmental materials in planning their instructional program; also the Michigan Developmental Profile and the Wabash Curriculum for the Retarded. The San Juan Developmental Progression Chart, Bayley test, Denver Developmental test, and REEL Language scale are used in assessment of children. Children are formally assessed three times yearly. Informal assessment is by observation, and information given by the parents.

Approximately 65% of the parents actively participate in the program as volunteers, teachers, members of the planning team and advisory council. "Parent involvement is an integral part of the Home and Center Program. Parents are encouraged to attend monthly parent meetings which are social as well as educational. Parents of Center Program children are asked to participate in monthly observations and are encouraged to visit the program whenever possible. Individual programs interventions and goals are discussed, demonstrated when possible and integrated into home activities by parents." Formal staff/parent meetings are held six times yearly and individual contact is weekly at the least.

Program Effectiveness

The Center makes yearly reports to the State Department of Education. Evidences of effectiveness of the program are gathered from parent questionnaires and from reports from programs receiving the children at age 3.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There are no specific criteria for adoption and the program has not been replicated. A descriptive brochure on the Center is available. The Center has also developed a home visit report form.

Lori Ann Infant Center--Fresno USD

Preschool Speech and
Language Development Program

Hayward Unified School District
P.O. Box 5000
Hayward, CA 94540 (415) 881-2731

Contact Person: Richard M. Dunn

General Program Information

This program "is designed to provide a program of training for students and their parents which will enable the student to remediate his/her handicaps prior to reaching mandatory school age. For the more severely handicapped preschool child, this experience may, through early intervention, permit an earlier integration of the handicapped child into the mainstream program." It is a state and locally funded program for children ages 3-5. "A child is eligible for this program when impairments in the individual's articulation, language, voice, or fluency adversely affect the individual's educational performance." It has been in operation for 3 months and currently serves 26 children.

The following principles are stated: (1) Parents need to be aware of and accept their child's handicap, (2) the average child entering kindergarten possesses a vocabulary of 5000 words, (3) handicapped preschool students often lack age-appropriate social skills, (4) handicapped preschool students often lack age-appropriate self-help skills. A developmental model is followed.

Conduct of Program

Children are served in either self-contained or integrated classrooms, spending about 5-10% of their time in mainstreaming situations. Time in class varies with the age and child. The program provides transportation to most of the students; students receiving speech and language only are brought by parents without reimbursement.

The audiological facilities of the State University of California, Hayward are used for diagnosis. Instruction is across all areas of development. About 20% of the time is spent on one-on-one instruction. The speech and language certified teacher is assisted by a part-time psychologist and one other part-time aide. The teacher participates in staff meetings monthly; also has the opportunity for monthly inservice training. No published curricula are used. Equipment for audiological evaluation is utilized in the program. Assessment procedures have not yet been established.

About 40% of the parents actively participate as volunteers and transporters. A series of lectures/discussion meetings have been planned to increase parent effectiveness in their knowledge and acceptance of their handicapped child. Group meetings are held monthly, with individual contact 2-3 times weekly.

Program Effectiveness

Effectiveness of the program cannot yet be evaluated.

Dissemination and Technical Assistance

There has been no provision for dissemination or training of this program as yet.

Pre-School Diagnostic Project

Irvine Unified School District
2941 Alton Avenue
Contact Person: Dr. John T. Brady Irvine, CA 92715 (714) 552-5171

General Program Information

"The preschool diagnostic project takes 3-5 year old children into the program for 6-8 weeks for an extensive diagnostic workup with specialists in education, psychology, speech and physical therapy. When the child is evaluated and a complete program is written, the child is placed in one of the four preschool classes on the basis of need rather than formal classification. The classes are developmentally orientated and follow a very extensive sequential curriculum especially in motor development (sensory integration) and language stimulation."

It is based on these principles: (1) developmental diagnosis by a team of specialists, (2) that each child receive a comprehensive individual program to remediate deficient areas, (3) that language development be a primary focus of the program, (4) that motor development (i.e., sensory integration-Jean Ayres) be a primary focus of the program. The program incorporates specific tracts from cognitive, behavioral and developmental models.

All types of handicapping conditions are served. Initially there must be a suspected developmental disability; evaluation then must ascertain that they qualify for one of the state classifications of exceptionality. The project is funded by the state and federal government, has been in operation for 2 years and currently is serving 20 children.

Conduct of Program

Children are placed in a self-contained classroom which meets for up to 6 hours a day five days a week. Mainstreaming opportunities are provided within the regular public school in which the preschool is located, for perhaps 5% of the time. Transportation is provided by the program.

The program is served by a coordinator and four teachers, who are certified in special education. Each teacher has an aide; there is a speech and language clinician, a part time psychologist, and occupational/physical therapists are available for consultation. Staff meetings are held at least once a week. One-to-one instruction time depends on the child; the normal instructional group is 3. Sensory integration motor equipment is used in the program as needed. No published curricula is used; the project has developed its own testing program and curricula guide.

Program-developed criterion-referenced tests are used un auditory processing, fine motor and gross motor, also a 100 utterance language sample twice a year. Children are formally assessed once a year, then are monitored throughout the year on the assessment instruments. Informal assessment comes from classroom observation of peer and adult interaction, and behavior analysis.

About 15% of the parents are actively involved in the program as volunteers. Aside from individual meetings to talk about their child specifically, which are held quarterly, group parent education seminars are provided on various development topics.

Program Effectiveness

Criterion referenced data on the progress of each child are being assembled over a two-year period.

Dissemination and Technical Assistance

Although the program has not been replicated, extensive assistance is available, from program visitation/observation and phone and/or mail consultation to workshops/training, follow-up visits and program monitoring at adopting sites. There are no criteria for adoption.

Mainstreaming of individual children is accomplished by giving extensive support and planning help to the regular class teacher. Materials developed by the program are criterion-referenced assessment materials, and extensive IEP pre-printed objectives in developmental sequence. For further information, contact Dr. Brady at Los Naranjos School, #1 Smoketree Lane, Irvine, CA 92714, telephone (714) 556-4900.

Pre School Diagnostic Project -- Irvine USD, Irvine

Preschool Language Program

La Mesa-Spring Valley School District
4750 Date Ave.
La Mesa, CA 92041 (714) 469-6240
469-6171

Contact Person: Marilyn Dukas

General Program Information

In this program, "35 preschool children with severe communication disorders receive diagnosis and holistic treatment with a transdisciplinary staff. Significant improvement is shown in language, self-concept and preacademic skills. Curriculum integrates movement, language, perception, conceptualization and cognition through playful goal oriented activities." It is funded by Incentive Grant money and state ADA, and has been operational for 7 years.

The program subscribes to the following principles: "Severe communication disorders viewed as symptom of learning disorder; early treatment prevents learning/school problems; holistic treatment--team approach - dysfunction cannot be treated in isolation from total functioning of child;' parent participation and education; coordination with community agencies and districts; normal preschool experiences - Least Restrictive Environment." The program is structured and individualized but integrated into natural play/movement experiences. A developmental model is followed.

Children aged 3 - 4.9 years who have a severe communication disorder or delay as the primary handicap are accepted into the program. They may have other handicapping conditions as well.

Conduct of Program

Self-contained class sessions are held 3 hours a day 3 times a week. Children are also accommodated in parent home programs and CDC or state preschools. Nine of the children attend private preschools; nine attend CDC, state preschool and Head Start; 15 do not attend other preschools. "On 1-21-80 we are expanding Model to increase number of children and time children attend (for selected children) to include more LRE in Child Development Center with our staff teacher attending also." Parents transport children without reimbursement; Head Start transports, also private school buses transport some.

There is a strong coordination with the community: Regional Center, Child Guidance, Public Health nurses, speech clinics, San Diego State University, Head Start, Kaiser Hospital Hospital, etc. All sorts of special equipment is utilized as needed, e.g., equipment for motor activities, obstacle courses, toys, language cards and programs, puzzles.

The program employs a full time master teacher/project leader and a teacher who are certified in Language, Speech and Hearing. It also utilizes an instructor aide, and a child development specialist, 60 parents or volunteers, and an occupational/physical therapist and a psychologist on a consulting basis. A half-time clerk typist is also employed. About 30% of the time is spent in one-on-one instruction, most is individualized within groups of 3 or 4. The staff has ongoing contact between members, formal meetings as needed.

The Creative Guide for Preschool Teachers and a "Therapeutic Instruction Preschool Program" from the Children's Services Center at Casa Colina Hospital, are used as supplementary materials in implementing the program. A variety of assessment tests/instruments are used: TACL (Comprehension); Language Sample Analysis (Partial, TYACK); ITPA digits; Fisher-Logemann Articulation Test; Criteria for Present Level of Functioning (Check-sheet). The occupational therapist uses tests for motor skills/reflexes. Children are given formal pre/post assessment; informally assessed by project screening and observation.

The "parents are on the team: assist in planning, writing IEP, observe and participate in sessions, receive counseling, attend parent meetings, share/discuss with other parents and evaluate." The parents are highly motivated, are regular in attendance; there has been strong parent involvement for seven years. There are weekly group meetings in the first month, monthly after that. Individual contact is 1 to 3 times per week.

Program Effectiveness

Title VI-B audits and evaluation reports to the State Department of Education include follow-up and a comparison group study. Effectiveness is measured by (1) project data: significant improvement in speech/language-normed tests beyond that allowed for normal maturation, (2) pre/post language analysis, (3) consistent positive parent evaluations, and (IEPs).

Dissemination and Technical Assistance

In 1978-79 the program had 89 visitors; in 1979-80, 50 up through December of 1980. Follow-up visits to adopting sites are considered in the future. There are no criteria for adoption. The program personnel have conducted or participated in a number of workshops and inservice training programs in the San Diego area within the last year. The program has been replicated at least in part by several districts.

There have been two handbooks developed; (1) "Serving Preschool Speech and Language Handicapped--A Parent Handbook." (2) "Serving Preschool Speech and Language Handicapped--Program Development" (being written). A screening form is available - "Criteria for present level of functioning." There has also been a video tape developed entitled "Holistic Treatment for Preschool Children with Oral Aphasia."

Preschool Speech and Language Program

Contact Person: Mildred Benhard

Livermore Valley Unified School District
69 Las Positas Blvd.
Livermore, CA 94550 (415) 447-9500

General Program Description

In this program, two teachers provide intensive therapy for 48 pre-school children in need of speech and language services. In addition, the two teachers provide screening and assessment service, act as consultants to community agencies upon request, and provide information and individual training to parents. Its philosophy is based on the following points: (1) Early intervention with children with speech and language disorders is important to ensure successful school experience in kindergarten, (2) high intensity therapy services are essential, based on assessment, (3) parent involvement is needed for maximum follow through at home, (4) preschool clinic serves as a Child Find facility.

This program has been in operation for 1 1/2 years, is funded by the federal government, and covers the entire district. The children are aged from 3 to 5 yrs., 9 months. Children must show a delay of one year or more or a disorder in the area of articulation and/or language skill development (receptive and/or expressive). A developmental-experiential approach to language therapy is implemented incorporating both modeling and expansion of language structures. The program tends to be structured, emphasizing specific short-term objectives.

Conduct of Program

Children are seen in short sessions two days a week, on an individual basis and in a 4-1 ratio. The parents transport their children without reimbursement. Diagnostic and medical facilities are utilized as needed. Children may be enrolled in Head Start and nursery schools also.

Besides the two speech and language teachers, the program utilizes the services of a psychologist and a nurse. Staff meetings are held once a week; inservice training as often as appropriate workshops are available. The teachers work on cognitive, fine motor and socialization skills as well as language and speech, with 80% of the time spent in one-on-one instruction.

Children are assessed three times a year, using The Goldman Fristoe Test of Articulation, Carrow Test of Receptive Language Comprehension, Zimmerman Preschool Language Scale, and Peabody Picture Vocabulary Test. Informal assessment procedures include taped language sample analysis and observation of parent-child interaction.

The parents observe their child's individual or small group instruction and participate in large group activities. The parents, through individual training with teachers, can learn to reinforce program activities at home. Parents may also attend parent discussion/inservice groups set up by the staff. The staff has group meetings with the parents three times a year, however, they are in individual contact daily.

Program Effectiveness

The effectiveness of the program is measured by pre/post testing and dismissal records.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There are no criteria for adoption; the program has not been replicated.

Preschool Speech and Language Program - Livermore Valley USD, Livermore

Early Childhood Education -
Reverse Mainstream

Los Angeles Unified School District
450 North Grand Avenue
Los Angeles, CA 90012 (213) 625-6729

Contact Person: Patrick Estes

General Program Information

This "program integrates nonhandicapped children into a special education program for 3 to 12-year-old physically handicapped children. The ungraded class modules demonstrate the DEAL (Dual Educational Approach to Learning) model of both an open-structured classroom environment in the option period and teacher-selected plans of instruction in the normal period. Child progress is determined by District-approved assessments and accomplishment of IEP goals." The program is based on the principles that: "children have more likenesses than differences; all children have individual differences which at times may require specific intervention; children need opportunities to learn to become self-directing individuals; children need to have learning experiences based on individual assessment of needs; parents are an integral part of the educational process." The program "seeks to establish a management framework within which teachers may determine appropriate teaching style(s), as well as select program emphasis as dictated by student needs."

There are 185 children between the ages of 3 and 12 served in the program, which has been in operation for nine years. It is supported by federal and district funds. Criteria for placement of physically handicapped children are established by the district; nonhandicapped are admitted based on Head Start criteria and/or in order of application from an established waiting list.

Conduct of Program

Preschoolers spend four hours a day, five days a week in an integrated classroom setting. Bus transportation is provided. A California Children's Services Medical Treatment unit is located on site, as well as a Head Start program. Services to parents include orientation to local agencies through parent rap sessions.

The staff includes 11 teachers for the entire enrollment, certified in early childhood/special education/elementary education. They are assisted by 11 paraprofessionals, 3 part-time speech and language clinicians, 6 occupational/physical therapists, a psychologist, and various numbers of parents/volunteers. There are four teacher helpers in a work study program from the local TMR school. Teaching teams plan weekly meetings; total school staff meets monthly. The project staff has three or four meetings per year as needed. Inservice training for staff development is available weekly as needed; total school has monthly inservice meetings.

All developmental areas are included in instruction. The percentage of one-to-one-instruction varies with individual needs of the children and the classroom staff. California State-approved materials and textbooks are used as are district approved/developed materials. Special equipment is not an integral part of the

program. School requirements call for formal assessment of children twice a year. Tests used are System FORE - LAUSD-developed sequenced learning program CTBS, and other assessment tests included in state-approved curriculum materials. Informal assessment is by observation, teacher and project developed checklists, and teacher-developed test materials.

Parents participate in the program as volunteers, members of the planning team, advisory council members, and classroom aides. A weekly workshop is conducted by and for parents. Major emphasis in the parent involvement program is placed in three areas: home-school liaison, community liaison, and parent education. Helping to open the lines of communication among parents and the school, and between parents and significant social agencies such as hospitals, welfare, etc., is the major thrust of the program. "Staff/parent interactions vary;" minimum school requirements are for group meetings three times a year and two individual conferences per year. Opportunities exist for home visits, informal and formal school visits, etc.

Program Evaluation

A project-sponsored study has evaluated effectiveness of the training program and interventions with school staffs. Effectiveness of each dhild' program is measured by percentage of IEP objectives met for the school year.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. Workshops/training can be conducted on site or at adopting sites and follow-up visits can be made to local adopting sites. There are no criteria for adoption. The program has been adopted by various Head Start and LA Unified School District programs.

A Training Packet has been developed which addresses early childhood and special education. It contains materials for program development and to help teachers "look at" children with special needs. There are also audiovisual materials (two films) available which give explanations of the philosophy and techniques in the Dual Education Approach to Learning (DEAL). A brochure on the program is available for the asking.

Parent-Infant Program
Lowman School - Lokrantz School

Contact Person: Stephanie Vendig

Los Angeles Unified Schools District
Division of Special Education
450 N. Grand Ave. H 114
Los Angeles, CA 90012 (213) 625-6700

General Program Information

Funded by Federal PL 94-142 discretionary funds, this program serves children age 18 months to 3 years at two school sites. It includes the physically, communicatively and severely handicapped; eligibility determined by the school district. "The children's program is designed to provide experiences which will extend the child's relationships to other significant adults beyond the family, to increase the child's abilities to attend and to explore, to control his body, and to communicate." It is based on the following principles: "(1) Learning occurs in a developmental framework; motivation for the learning is intrinsic and is promoted by feeling competent, (2) play is a primary mode of learning, (3) emotions influence the child's way of thinking, (4) attachment and separation are critical developmental processes, (5) parent/school partnerships facilitate the child's learning (6) coordination of services is crucial for effective program intervention."

The program follows a developmental model; at the same time there are broad developmental, age appropriate, goals, specific short-term objectives as defined on the IEP are pursued. The program was initiated in March of 1976.

Conduct of Program

The program operates 4 days a week; the fifth day is for home visits and parent groups. Each child has an individual schedule from 2-4 days a week for 3 hours. It operates in a self-contained classroom; however, siblings are able to participate in the program with their parents. "Bus transportation is provided only if parents are unable to transport. As the child nears 3 years old, transportation is provided as preparation for the preschool program."

Instruction goes across all developmental areas. Special equipment used includes modified equipment for positioning in order for the child to participate in the activities, and age-appropriate supplies and equipment. Percentage of one-on-one instruction varies according to individual needs and the demands of the activities within the 3-hour program. The Regional Center is used for referrals and to obtain community services for the family. California Children's Services provide physical and occupational therapy at the school site if the family is eligible.

The staff includes two special education certified teachers per site and three assistants. Speech/language clinicians, occupational/physical therapists and psychologists are utilized as needed. There are also available a child development specialist music consultant, and the project coordinator. Staff meetings are held daily; inservice training sessions are held weekly.

Children are assessed twice: for the IEP and for annual review. Assessment instruments used are Vineland, Brigance, Koontz, and Down Syndrome Inventory of Wash. University. Informal assessment is by observation and locally devised checklists. "Ideas for planning and implementing come from a variety of sources, including published materials. At this time, we cannot practically recommend one guide over another."

"Parents are offered a variety of ways to be involved - observation, participation in classroom with their own child or others, home visits, telephone contact (telephone is in classroom), group meetings, social activities. An adult area is set up in the classroom for the adults." The staff meets with the parents as a group once or twice a month. Approximately 60-75% of the parents are actively involved.

Program Effectiveness

Evidence of effectiveness include parent and staff satisfaction and achievement of IEP goals at least 80% of the time. "This program is a demonstration classroom for Title VI-D personnel preparation grant preparing Special Ed. teachers to work with young children (34 this past 2 years). These teachers went back to their classrooms to replicate some of the ideas, and also asked for positions with younger children.

Dissemination and Technical Assistance

Workshops/training on the school site can be arranged and the program is available for visitation and observation. There are no criteria for adoption. The program has not been replicated as a whole at this time. It has published a set of guidelines for setting up an infant program.

Parent-Infant Program - Los Angeles USD

Preschool Enrichment Program - Salvin

Contact Person: Stephanie Vendig

Los Angeles Unified School District
Division of Special Education
450 N. Grand Ave. H114
Los Angeles, CA 90012 (213) 667-3043

General Program Description

This preschool enrichment program is designed to fit the needs of seriously emotionally disturbed children, either under Protective Services or Court supervision. It enrolls 12 children, ages 3-5. It provides "an enriched preschool experience which attends to the emotional needs of these children. The program avoids strangers taking care of the children by not having substitutes for the teacher or aides when either of them is absent. The plan is to help the children develop coping skills which will enable them to move on to regular school placement without difficulties."

It is based on the following principles: "(1) learning occurs in a developmental framework, motivation for the learning is intrinsic and is promoted by feeling competent, (2) play is a primary mode of learning, (3) emotions influence the child's way of thinking, (4) attachment and separation are critical developmental processes, (5)parent/school partnership facilitate the child's learning, (6) 'normal' age appropriate experiences must be provided and modified according to individual need." The program follows a developmental model; at the same time there are broad developmental age-appropriate goals, specific short-term objectives as defined on the IEP are pursued. It is federally funded and has been operational since March of 1976.

Conduct of Program

The program meets in a self-contained classroom for 4 hours a day, 5 days a week. All students are transported by bus. There are two teachers for the school, both certified in special education. They are assisted by paraprofessionals, a child development specialist, music consultant and speech/language clinician, occupational/physical therapists, and psychologist as needed. The program is headed by a project coordinator. Staff meetings are held daily; inservice training weekly.

Instruction goes across all developmental areas. Percentage of one-on-one instruction varies according to the individual needs and the demands of the activities within the 4 hour program. Age appropriate supplies and equipment are used, depending upon the size of the children and their emotional needs. Ideas for planning and implementing the program come from a variety of sources.

The Department of Public Social Services refers the children to the program, and the staff works closely with the social worker involved with the family.

The Vineland test is used for assessment; children are assessed twice, for IEP and annual review. Informal assessment is ongoing by observation, locally devised observation sheet, and division checklist for academic readiness.

One teacher is responsible for coordination of the parent program. Parents are offered a variety of ways of being involved - observation, participation in classroom, home visits, telephone contact. An adult area is set up in the classroom for the adult. Group meetings are planned. "Since bus transportation is provided for the child, it is often difficult to get the parents in. The parent can ride the bus but the sibling can't." There is frequent individual contact, however.

Program Effectiveness

The effectiveness of the program can be measured by parent and staff satisfaction and by achievement of IEP goals (at least 80% of the time). Social progress is seen in increased Vineland scores for all children. "This program is a demonstration classroom for Title VI-D personnel preparation grant preparing Special Ed. teachers to work with young children (34 this past two years). These teachers went back to their classrooms to replicate some of the ideas and also asked for positions with younger children."

Dissemination and Technical Assistance

The program is available for visitation/observation, and workshops/training on the school site. There are no criteria for adoption. The teachers will provide consultant assistance to receiving program of the children who left the program; also consult with community agencies involved with families. Although the program has not been replicated they do have a set of guidelines available for setting up and implementing a program for children who are seriously emotionally disturbed.

Preschool Enrichment Program - Salvin --Los Angeles USD

Preschool for Mentally Retarded - East Valley School
Pacific Blvd. School

Los Angeles Unified School District
Division of Special Education
450 N. Grand Ave.
Los Angeles, CA 90012 (213) 625-6700

Contact Person: Stephanie Vendig

General Program Description

This program is designed to provide enriched preschool experience to children over a range of mental retardation, with emphasis on socialization and self-help skills. It serves 20 children from 3 years to 4 yrs., 9 months who are functioning retarded at the time of referral. Children are referred by the Regional Center and funding is federal. It has been in operation since September, 1976.

It is based on the following principles: "(1) Learning occurs in a developmental framework, motivation for the learning is intrinsic and is promoted by feeling competent, (2) play is a primary mode of learning, (3) emotions influence the child's way of thinking, (4) attachment and separation are critical developmental processes, (5) coordination of services is crucial for effective program intervention, (6) 'normal' age appropriate experiences must be provided and modified according to individual need." The program follows a developmental model; at the same time there are broad developmental age-appropriate goals, specific, short-term objectives as defined on the IEP are pursued.

Conduct of Program

The children meet in a self-contained classroom for 3 hours a day, 5 days a week. All students are transported by bus. There is one teacher at each site, certified in special education, who is assisted by two aides, a child development specialist, music consultant and speech/language clinician, occupational/physical therapists, and psychologist as needed. The program is headed by a project coordinator. Staff meetings are held daily; inservice training weekly.

Instruction goes across all developmental areas. Percentage of one-on-one instruction varies according to the individual needs and the demands of the activities within the 3 hour program. Age appropriate supplies and equipment are used, geared to size of the children. Ideas for planning and implementing the program come from a variety of sources, including published materials. The teacher maintains a liaison with a Regional Center counselor.

Tests used for assessment include: Vineland, Brigance, Koontz, Down Syndrome Inventory of Washington University. Children are assessed twice - for IEP and for annual review. There is ongoing assessment by observation and locally devised checklists.

Parents are offered a variety of ways of being involved - observation, participation in classroom, home visits, telephone contact, group meetings, if a facilitator is available. An adult area is set up in the classroom for the adults. There are occasional group meetings with the staff and frequent individual contact. "Since bus transportation is provided for the child, it is often difficult to get the parent in. The parent can ride the bus but the sibling can't."

Program Effectiveness

The effectiveness of the program can be measured by parent and staff satisfaction and by achievement of IEP goals at least 80% of the time. "This program is a demonstration classroom for Title VI-D Personnel Preparation Grant preparing Special Ed. teachers to work with young children (34 this past 2 years). These teachers went back to their classrooms to replicate some of the ideas and also asked for positions with younger children."

Dissemination and Technical Assistance

The program is available for visitation/observation, and workshops/training on the school site. There are no criteria for adoption. The program has not been replicated but has developed guidelines for setting up and implementing a program for preschool mentally retarded children.

Preschool for Mentally Retarded - East Valley School, Pacific Blvd. School, LA USD

Handicapped Infant Program

Mrs. Judy Lindbeck

Monterey Peninsula Unified School District
P.O. Box 1031
Monterey, CA 93940 (408) 649-7526

General Program Information

The infant program is primarily a home and center-based adult education program. The teacher and occupational therapist teach parents to stimulate the child's growth. It serves 18 children from birth to 3 across a broad range of handicapping conditions. Children in the program must have at least one diagnosed handicapping condition. It is funded by the state and federal government and has been in existence for 2 years.

It is based on the principles of (1) parent involvement in all aspects of the program, (2) curriculum based upon sequential development, (3) children perceived as whole individuals and as part of the family unit, and (4) interdisciplinary approach. It encompasses both structured, specific short-term objectives and broad goals. It is basically developmental in nature.

Conduct of Program

This program is a combination of home and self-contained classroom. Two days a week are spent in the classroom, with 1 hour visits in the home each week. The parents bring the child into the classroom and are reimbursed. Close ties are maintained with the San Andreas Regional Center, Social Services, and California Children's Services.

There is one master teacher for this program, aided by 1 paraprofessional, one occupational/physical therapist, and a part-time speech/language clinician. Staff meetings are held once a week; there are infrequent occasions for inservice training.

All developmental areas are included in this program. Approximately 50-75% of instruction time is spent on one-to-one instruction. No special materials are used in carrying out the program, but published curricula from San Juan Infant Project, and the Portage Project are used in planning and implementation.

Children are formally assessed twice a year, using Gesell, Bayley and REEL tests. Children are assessed informally using a combined reflex evaluation and Allied Agencies Developmental tests.

About 65% of the parents are actively involved as volunteers, transporters, and members of the planning team. They also carry out the home program. They meet with the staff weekly and individual contact is made at least twice monthly.

Program Effectiveness

Growth in the program was measured by pre and post Gesell ratings, and compared with annual incidental growth prior to program placement. Growth was accelerated during enrollment in the program.

Dissemination and Technical Assistance

The infant program is available for visitation/observation, and for phone and/or mail consultation. There are no criteria for adoption and the program has not been replicated.

Preschool Multi-Handicapped

Contact Person: Judy Lindbeck

Monterey Peninsula Unified School Dist.
P.O. Box 1031
Monterey, CA 93940 (408) 649-7526

General Program Information

This multi-handicapped preschool class is a classroom-based program that is developed around activities that develop a child's gross motor, fine motor, self-help, language, and social abilities. It was originally a state-funded project but is now both federally and state funded and has been operational for a period of four years.

The program is based on the principles of: parent involvement in all aspects of the program; curriculum based upon sequential development; children perceived as whole individuals and parts of the family unit; and inter-disciplinary approach. It is a fairly structured developmental program, balancing the need for specific short-term objectives with that of broader goals. It serves four children in the 305 age group, who are severely handicapped based on an acceptance criterion of mental retardation plus one or more physically handicapping conditions.

Conduct of Program

Children meet in a self-contained classroom for half day sessions. The class is located in a regular District Children's Center, so regular children visit the class, for approximately 20% of the instruction time. Transportation is furnished by the program.

There are close ties with the San Andreas Regional Center, Social Services, and California Children's Services. The staff includes one teacher certified in special education, one paraprofessional, a speech and language clinician, an occupational/physical therapist, and a part-time psychologist. About 75% of instructional time is spent on one-to-one instruction, due to the low attendance. There are no special equipment and/or materials required to carry out this program.

Staff meetings are held weekly; inservice training meetings are infrequent. Materials from the San Juan Infant Project, Citrus Heights, CA, and the Portage Project are used as instructional guides. Referenced tests commonly used for assessment are Gesell, Bayley, and REEL (Language). An informal assessment procedure used is the Combined Reflex Evaluation - Allied Agencies Developmental. Children are formally assessed twice a year.

There are parent/staff group meetings once a month. Individual contact consists of daily notes and frequent phone calls between parents and staff.

Program Effectiveness

The staff has compared growth in the program as measured by pre and post Gesell ratings with annual incidental growth prior to program placement, and growth was accelerated during enrollment in the program.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There are no established criteria for adoption. This program has not been replicated or adopted by other agencies/districts and there have been no materials developed by this program.

Speech, Language and Hearing Program

Contact Person: Wanda Laudenslager

Newark Unified School District
5715 Musick Avenue
Newark, CA 94560 (415) 797-2141

General Program Information

This program is designed to assist preschool-age children in the development of speech, language, cognitive, motor and social skills to enhance the possibility of full integration in a regular classroom when the child becomes of school age. The program is funded by a PL 94-142 Incentive Grant and local funds, and serves 31 communicatively handicapped children between the ages of 3.0 and 4.9. The principles of this program are: (1) Early identification and amelioration of speech and language disorders will aid handicapped children to attain full potential for social, economic and cognitive growth. (2) Involvement of parents in the educational process is crucial to the maximum development of the whole child. (3) A "hands-one" experiential approach will yield the maximum benefit to children of preschool age. The program is somewhat structured, balancing the need for short-term objectives with that of broad goals. It most closely follows a cognitive and behavioral approach. The requirement for acceptance into this program is evidence of speech and language, or perceptual motor disorder.

Conduct of Program

The program is center/classroom based and meets 4 days a week in a self-contained classroom. While all of the students have a speech or language disorder, there is a wide range of abilities. Transportation is provided by the parents without reimbursement.

There is the use of a farm as a community resource to carry out the program and the following developmental areas are included in the instructional program --cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, language/speech.

The staff consists of a master teacher/program coordinator and one teacher. There is one paraprofessional, one speech and language clincian, one psychologist, and parent volunteers. Approximately 20% of the instructional time is spent on a one-to-one basis. There is one staff meeting per week and two meetings a year for inservice training for staff development.

The tests commonly used for assessment are the Peabody Picture Vocabulary Test, Illinois Test of Psycholinguistic Abilities (Auditory Association), Arizona Articulation Proficiency Scale and the Oral Language Sentence Imitation Screening Test. The informal assessment procedures commonly used consist of the Spontaneous Speech Evaluation, Pre-School Skills Assessment Battery, Brigance Inventory of Early Development and Teacher Observation. The children are assessed twice a year. Parents are encouraged to attend monthly workshops on interpersonal communication, child growth and development, management of speech disorders, behavior modification and parent rights. Both daytime and evening workshops are available. Parents are encouraged to participate in the classroom on special projects. Parents in this program participate 100% as volunteers and members of planning teams and on the advisory council.

Program Effectiveness

Pre and post testing data will be available but have not been compiled in a study form to describe any learning verification or studies that have been done or are in process. Pre and post testing data and parent evaluation are available which indicate the effectiveness of the program.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation.

Deaf & Hard of Hearing

Contact Person: W. Dowling

Douglas Tilden School
Oakland Public Schools
4655 Steele St.
Oakland, CA 94619 (415) 531-7254

General Program Information

This program for the deaf and hard of hearing stresses language and speech, auditory training and motor development. Children are given all opportunities to communicate with peers, family, environment, etc. as are their hearing peers. Parents are taught total communication. Principles stated are: individualized programming, language and speech development, and self-awareness. A developmental model is followed.

There are 102 children in the total program, which serves ages 3 to 21 years. Federal, state and local funds are used to support the program.

Conduct of Program

Children are taught in either a self-contained or integrated classroom four hours a day. The rest of staff time is devoted to home visits. Transportation is provided by the school district. Diagnostic and medical facility resources are used as needed.

There is a master teacher and one special education teacher on the staff. They are assisted by a paraprofessional, 12 parents/volunteers, a psychologist and a nurse. Staff meetings are held weekly.

A volunteer bureau and civic groups support the program. Parent meetings are a part of the program.

Program Effectiveness

No information was provided on program effectiveness.

Dissemination and Technical Assistance

Dissemination/technical assistance information is not available. No replication has been made. Materials available from the program include vocabulary books, language arts books, and picture books. Teacher training materials: ditto sheets, sequential toys, games, etc. have been developed by the program, as well as a child development chart.

Orthopedically Handicapped

Contact Person: John Shepard

Whitton School
Oakland Public Schools
3031 East 18th St.
Oakland, CA 94601 (415) 261-1343

General Program Information

This is a school for orthopedically handicapped and other health-impaired children three through 21 years of age. It is based on the principle that all children have a right to an education. Its purpose is to assist pupils to reach their highest potential, with an individualized, language-based program, along with a psychomotor program. It is somewhat structured, balancing the importance of specific short-term objectives with broader goals. An eclectic model is followed.

This program has been in existence since 1950. It is funded by federal, state and local monies, following the guidelines of PL 94-142. There are 115 pupils through the total age range.

Conduct of Program

This is a center-based program, in either a self-contained or integrated classroom. Transportation is provided by the district. Diagnostic, medical and social service agency services are utilized as necessary.

The staff consists of three special educ./general elementary teachers, 12 full-time and one half-time paraprofessionals, a varying number of parents/volunteers, speech and language clinician, psychologist, a traveling visual teacher, half-time preparation teacher and adaptive P.E. teacher, a one day/week music teacher, a nurse, orderly, secretary and two custodians. The CCS on site provides eight occupational/physical therapists. Staff meetings vary from once a week to once a month. Frequency of inservice training also varies.

Program Effectiveness

No information was provided on program effectiveness.

Dissemination and Technical Assistance

Dissemination/technical assistance information is not available. The number of replication sites is unknown. Materials available include a curriculum guide and a school brochure.

Pre-Primary TMR

Contact Person: Ted Crider

Ralph Bunche School
1240 18th St.
Oakland, CA 94607 (415) 834-7377

General Program Information

In this program, preschool classes are "language-based, developing receptive and expressive speech, including total communication. Stress is placed on self-awareness, self-care and self-confidence. The program is fairly structured, stressing repetition, organization, exposure to experiences in art, music, dance, exercises, adaptive P.E., language and speech play and social skills. Principles as stated are: to provide training and education best suited to student's needs, provide experiences to produce feelings of success and self-worth, and assist students in making a satisfactory adjustment to everyday living and prepare for the future. The program follows cognitive and developmental models.

There are 23 children served between the ages of 3 and 5. Children in the program have been identified and tested as trainable mentally retarded in need of service. The three year old program is funded by the federal and state government, serving the City of Oakland.

Conduct of Program

Children meet in a self-contained classroom in a TMR school facility, 1/2 day, five days a week. Regular students volunteer to work with students at the school. The district provides busing service to and from home or to afternoon programs for students.

There are two teachers on the staff who are certified in early childhood/special education, and speech and learning disabilities. There are two aides, a speech/language clinician, a psychologist, adaptive P.E. specialist and a nurse. Staff meetings are held as needed. Inservice training services are provided by request of the staff from the Special Education Department. There is also staff development for parents.

There is a parent support group for the program. The Oakland Library is used for preschool story time. Also used is a well-equipped park with playground and picnic facilities. Support is received from the local Kiwanis Club. In addition, community diagnostic, medical and other social service agency services are utilized as needed.

Program Effectiveness

No information was provided on program effectiveness.

Dissemination and Technical Assistance

There has been no replication of the program. Art, music and P.E. materials are being developed to result in maximum learning with programmed success. Also currently being developed is a curriculum guide for pre primary TRM including self-help, health, speech, oral language, sensory training, motor coordination, socialization, safety, art, dance, and P.E.

Preschool Incentive Grant

Contact Person: Ann C. Cato

Oakland Public Schools
1025 2nd Avenue
Oakland, CA 94606 (415) 836-2222

General Program Information

This project is a language based program that includes direct instructions, parent counseling and psychological service. It's purpose is to provide needed services for the moderately handicapped between the ages of 3 years - 4 years, 9 months, reported as handicapped through the Search and Serve Project. It is somewhat structured, balancing the importance of specific short-term objectives with broader goals. It incorporates elements of cognitive, behavioral and developmental models.

There are 27 children in the program: learning handicapped, communicatively handicapped, multiply handicapped, and se with severe behavior problems. It is funded by the federal and state government and this phase has been operational for two years.

Conduct of Program

Children can be in self-contained or integrated classrooms or be served in a home-based situation. "The children served by this component are mostly in regular children centers or at home. They are, for the most part, moderately handicapped children who need support services." Also included is an out-student service. Parent may bring children to the department for language and speech services. Parents provide transportation and are reimbursed.

The special education teachers are assisted by two parents/volunteers, a speech and language clinician and two psychologists. Staff meetings are held weekly. The department has a three-level staff development plan for the entire district.

The program receives support from community agencies and civic groups.

Program Effectiveness

No information was provided on program effectiveness.

Dissemination and Technical Assistance

Dissemination/technical Assistance information is not available. Materials available include teacher training materials: Tips for Testing - Language Development, and a parent brochure for language development. A curriculum guide is presently being developed.

Pre-School Incentive Grant

Orange Unified School District
370 N. Glassell
Orange, CA 92666 (714)771-3653

Contact Person: James Gibson,
Admin. Assistant,
Exceptional Pupil Services

General Program Information

"Early identification and intervention programming for preschool children is recognized as an important component. Parental participation is also perceived as a critical ingredient and is encouraged at all stages. Through implementation of services outlined, the community will become more aware of services available to children of special needs. Therefore, an increased number of children will be identified earlier and more comprehensive programs can be provided."

This program is federally funded and is in its third year of operation. It is highly structured, with specific short-term objectives, utilizes a developmental approach, and has many medical services offered by private consultants as well. Twelve children in the age range of three to five are currently being served by the program in the primary characteristics of the learning handicapped, physically handicapped, communicatively handicapped, and severely handicapped. The acceptance criterion for this program is any child perceived as having some type of handicapping condition, usually undiagnosed, and not being served by another program.

Conduct of Program

The project meets four days a week in a classroom and one day a week in the home. The classroom meetings are both in a self-contained classroom and an integrated classroom, with transportation by bus/van/taxi provided by the program. Approximately 33% of the instructional time is spent on a one-to-one basis. The staff consists of a master teacher/program coordinator, one teacher certified in early childhood and special education, two paraprofessionals, twelve parents and/or volunteers, one speech and language clinican, one psychologist, and one pediatrician. Staff meetings occur once a week and inservice training for staff development occurs monthly. Peabody Language Development Kits and Peabody Early Experience Kits, Circle Pines, MN, are used as a guide in planning and implementing the instructional program. The following developmental areas are included in the instructional program; cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, and language/speech. Commonly used for assessment are the French Pictorial Test of Intelligence, Leiter, PPVT, Stanford-Binet, Goldman Fristoe, Denver Developmental, Brigance Inventory of Early Development, Minnesota Pre-School Scale, Vineland Soc., Maturity Scale, Pre-School Attainment Record, and Fluharty Pre-School Speech and Language Screening Tests. Parent and Teacher Temperament Questionnaire and 5 minute observations are informal assessment procedures. Children are assessed upon entry and exit.

About 85% of the parents actively participate in the program as volunteers, a member of a planning team, advisory council and program evaluators. The staff meets with parents both in groups and individually. The preschool teacher and support staff will make home visits for each student; parents will be invited to attend a parent class to facilitate child's nurturing in home and school; each parent is solicited for one day of volunteer time per week in preschool classroom; parents will become members and participate in Community Advisory Committee.

Program Effectiveness

There is a follow-up each year by tracking continued progress of each student utilizing a longitudinal study approach. The effectiveness of the program is indicated by the successful mainstreaming of students into appropriate regular programs or appropriate special education services.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training, and phone or mail consultation. Two other urban agencies are in the process of adopting this program during this school year.

EHA Title VI-B Preschool Speech

Contact Person: Susan Orth

Pasadena Unified Schools
351 S. Hudson
Pasadena, CA 91109 (213) 795-6981
(Ext. 343)

General Program Information

The EHA Title VI-B Preschool Speech Project has been operational for ten years and is locally funded. Under this program, they identify and remediate speech and language disabilities in children 2 1/2 to 5 years of age. At the present time, they are serving 15 children. The principles of this program are: (a) total communication; (b) early intervention; and (c) parent groups for communication change in the family. It maintains a balance between specific short-term objectives and broad goals, and most closely follows a cognitive approach. Criterion for acceptance into the program is to "fail screening and score significantly on standardized tests."

Conduct of Program

This is a pull out program; children spend 95% of their time in an integrated situation. The staff works with the children two days a week, using a mobile van as a classroom. Approximately 90% of the instructional time is spent on a one-on-one basis.

The staff is composed of a program director and three speech and language clinicians. The program concentrates on the development of speech and language skills. Children are assessed once a year, using the Fisher-Logeman Articulation, ITPA, PICAD, Engelman, Language Sample (DSS), district-constructed oral-peripheral, and Zimmerman tests. Informal assessment is by observation in the regular class and parent interviews.

Parents may once a week attend a parent group meeting and/or meet with the speech therapist at the therapy time. About 10% of the parents actively participate in the parent inservice meetings.

Program Effectiveness

No information was provided on evaluation of program effectiveness.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation. There are no requirements for agencies wishing to adopt this program model.

Preschool Incentive Grant

Pasadena Unified Schools
351 S. Hudson
Pasadena, CA 91109 (213) 795-6981 Ext.353

Contact Person: Susan Orth
Program Director Communications Handicapped

General Program Information

The Preschool Incentive Grant is a preschool SDL/A class remediating severe speech and language disorders. The program has been operating for two years and presently serves six children 2½ -5 years of age who are communicatively handicapped. Funding for this project is a combination of federal, state and local. The principles of this program are (a) early intervention, (b) parent education, (c) cognitive development. It encompasses both specific short-term objectives and broad goals and the program most closely follows a cognitive approach. Criterion for acceptance into the program is failscreen, scoring significantly on standardized tests.

Conduct of Program

The program is center/classroom based and meets three to six hours a day, five days a week. Transportation is provided by the program via bus/van/taxi. Approximately 10% of instructional time is spent on a one-to-one basis. The staff is composed of a master teacher/program coordinator and one teacher certified in speech therapy. There is one paraprofessional, one occupational and/or physical therapist and one psychologist. Staff meetings are held weekly and inservice training for staff development meetings are held monthly.

ITPA, PICAC, REEL, Zimmerman, Language Sample (DSS) and Fisher-Logemaner are the tests commonly used for assessment with oral-peripheral, observation, and parent interview the informal assessment procedures commonly used. The developmental areas included in this program are cognitive/preacademic/academic; self-help; fine motor, socialization, gross motor, and language/speech with the children being formally assessed once a year.

The parents are involved in monthly luncheons in the classroom and serving as parent volunteers in the classroom. There is 100% active participation by the parents in this program.

Program Effectiveness

No information is available on evaluation of program effectiveness.

Dissemination and Technical Assistance

This program is available for visitation/observation and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt this program. The program maintains a parent lending library.

Preschool Diagnostic Program

Placentia Unified School District
1301 E. Orangethorpe Ave.
Placentia, CA 92670 (714)524-4222

Contact Person: Dennis Kreil
Supervisor, Spec. Education

General Program Information

The Preschool Diagnostic Program provides comprehensive intervention services to children (3.0-4.9) with problems severe enough to interfere with their educational and developmental needs. Short term diagnostic placements and on-going intervention, based on assessed needs are provided for eight children. The program has been operational for 1½ years and is federally funded.

The program is based on the principles that (A) early identification and intervention is critical for the handicapped or at-risk child for maximum growth; (B) early intervention and remediation of handicapping condition can prevent later serious educational handicaps; (C) appropriate educational programming requires a comprehensive range of service, focusing on exhaustive assessment of individual skills; and (D) children with exceptional needs require a prescriptive, structured instructional approach. It is a highly structured program with specific short-term objectives and follows a cognitive and behavioral approach. Children are accepted for evaluation when developmental delays are suspected from screening or when child is high risk. Children with diagnosed needs and IEP are accepted for remedial intervention when the class is the most appropriate placement.

Conduct of Program

Placement is center/classroom based, five days a week for three hours. No regular preschool class. Some students, however, are concurrently enrolled in regular preschool programs.

Referrals to community agencies for related services are made as needed. 10-25% of instructional time is spent on one-to-one instruction. "Adult-child ratio allows frequent incidental teaching on one-to-one to take place." Instruction is given across the developmental areas of cognitive/preacademic/academic, self-help, socialization and language/speech. The staff consists of a master teacher/program coordinator, teachers certified in early childhood and special education, two paraprofesionals, one parent and/or voluntyer, a speech and language clinician, one part-time psychologist and a school nurse. Conferences are held on each child in addition to weekly progress meetings, and parent IEP conferences. The following referenced tests are commonly used for assessment: Leiter International Intelligence Scales; McCarthy Developmental Scales; Stanford Binet; W.P.P.S.I.; Brigance Early Developmental Inventory; Learning Accomplishment Profile; PAR, PPVT, and ITPA. The assessment instruments are determined largely by developmental abilities of the child. Systematic observation is an informal assessment procedure.

Parents are required to participate in the vocational programming for their child. They are encouraged to act as volunteers in the class. Parent education groups are held four times each semester. Approximately 25% of the parents actively participate in the program as volunteers.

Program Effectiveness

There are no specific outcome data, only each child's progress on prescribed objectives, and informal parent input.

Dissemination and Technical Assistance

There are no criteria for replication of this program. There has been no replication.

Reedley Child Development
Laboratory School

Contact Person: Dr. Darel F. Sorenson

Kings Canyon Unified School District
675 W. Manning
Reedley, CA 93654 (209) 638-6976

General Program Description

This is an incentive grant funded program which provides a variety of special services to learning and communicatively handicapped children from the service area, in a central preschool setting. It serves children ages 2-6; at present there are 17 children, age 3-5, in the program. It has been in operation about 1 1/2 years.

It was developed along the following principles: (1) the importance of early intervention on behalf of children with handicapping conditions, (2) the need to provide services for an age range which has been underserved, (3) the importance of parent participation in assessment, educational planning, and counseling or parenting groups if desired, (4) importance of serving the child in a mainstream situation, and (5) the importance of individual instruction to meet specific needs. It encompasses both structured, specific short-term objectives and broad goals, using a developmental model.

Conduct of Program

Children are placed in an integrated classroom, with in-classroom activities by the Spec. Education teacher. They meet for up to 3 hours a day, 3-5 days a week. The parents transport the children without reimbursement. Individual and group instruction is given in the areas of need: communicative disorders, psychomotor, social-emotional, cognitive, sensory, health impairment. Local diagnostic facilities are used as needed.

The program is led by a program coordinator and has three teachers who are certified in special education and early childhood. They are assisted by 40 students from the community college lab school, 10 parents/volunteers, a speech/language clinician, psychologist, and nurse. Staff meetings are held once a week; inservice training conducted four times a semester. About 10% of the time is spent on one-to-one instruction. Children are formally assessed twice a year, using the Inventory of Early Development. Checklists are used for specific areas for testing, i.e., concept formation, motor development). The program utilizes large and small muscle equipment in their instruction.

About 20% of the parents actively participate in the program, as volunteers with special classroom projects; assisting with some group screening, and with field trips; as resource persons - special speakers and demonstration,; members of the advisory committee; and in parent workshops on a variety of subjects. Individual contact varies from daily contact to bi-weekly; groups meetings with staff are held four times a year.

Program Effectiveness

The effectiveness of the program is assessed by feedback from public school teachers and the parents.

Dissemination and Technical Assistance

The program is available from visitation/observation and workshops/training on site. Adopting agencies should have a state approved competitive grant, although it is not necessary. There has been no replication.

A Color-Shape-Concept Development Assessment Tool has been developed by the program.

Reedley Child Development Laboratory School - Kings Canyon USD, Reedley

Pre-School Program-Trainable Mentally Retarded

San Francisco Unified
School District
135 Van Ness Avenue
San Francisco, CA 94112
(415) 565-9000

Contact Person: Henry A. Caruso
Program Coordinator

General Program Information

This is a pre-school program of a diagnostic nature encompassing ongoing assessmentof skills, with the ultimate goal being an overall increased level of functioning by completion of the program. This was originally a federally funded program but the current source of funding is the San Francisco Unified School District, and it has been operational for five years.

The program is based on the principles of (1) a Behavior Modification System, (2) Transdisciplinary model (teachers and parapfofessionals interchange instructional and self-help (i.e., toilet training) roles, (3) Inter disciplinary model (speech clinician/physician) and (4) Total Communications System. It follows a behavioral and developmental model which is highly structured with specific short-term objectives as well as utilizing the Behavioral Characteristics Progression Form to document performance on short term objectives. It is currently serving 11 children in the age range of 3 to 5 years. The children served by this program are severely handicapped and the classroom population ranges within mild to severe developmental delays. To be accepted into the program a candidate must evidence a global developmental lag, and meet age and residence requirements.

Conduct of Program

The services provided to the children are center/classroom based and meet three hours a day, 5 days a week. Home visits are made, and class-parent-teacher contact is maintained with parents encouraged to visit the program and attend parent meetings. The children spend approximagely 20% of their time with less handicapped or normal children, and the children are mainstreamed for recess and cafeteria, as well as school functions. Peer tutoring takes place in the classroom, which is self-contained. Attempts are made to integrate the higher functioning children with the kindergarten classes. The school district provides door to door transportation by bus and the program provides bus/van/taxi transportation.

Adaptive equipment for physical or sensory disabilities is utilized in this program and 50% of the instructional time is spent on one-to-one instruction. The teacher and staff work on a one to one basis even with group activities and small group activities allow for a two to one ratio as well. All developmental areas are included in the instructional program. Diagnostic and medical facilities and social service agencies in the area are utilized as necessary.

The staff consists of a Program Coordinator, two teachers certified in early childhood/special education/elementary education, two paraprofessionals, parents/volunteers, one speech and language clinician, a psychologist, social worker and a medical consultant. The teaching staff is is daily contact and conference. They meet with the school site principal monthly as well as the program coordinator. Inservice training is held three or mour times annually.

A curriculum published by the San Diego State University, Department of Special Education, the "Early On Outreach Program," is used in the program instruction. Children are assessed upon entry and exit from the program and additionally when the need arises by instruments such as: Stanford-Binet, Bayley, Leiter and Behavioral Characteristics Progression Scale. Additional tests may be used depending upon the child's individual needs. Informal assessment procedures used by the classroom teacher consist of the Early On-Assessment Program - specifically: the Learning Accomplishment Profile, the Portage Guide, and BCP.

Parents participate in the program as volunteers, in parent group meetings, home visits and classroom observation and meet with the staff on a weekly basis regarding the child's progress and needs. In addition to group meetings with the staff individual contact is on a weekly basis.

Program Effectiveness

The majority of the children upon completion of the pre-school program are placed in classes designed for children functioning at a higher level than trainable mentally retarded.

Dissemination and Technical Assistance

This program is available for visitation/observation and follow-up visits to adopting sites by other agencies/districts.

Preschool Diagnostic Teaching Program

Oak Grove School District
6578 Santa Teresa Blvd.
San Jose, CA 95119 (408) 227-8300

Contact Person: Jean Drost

General Program Information

The Oak Grove Preschool Diagnostic Teaching Program provides multi-disciplinary assessment and intervention services to handicapped preschoolers aged 3-4.9. Any child in the district who has a suspected disability can receive the services of this program. Its diagnostic classroom program allows for extended diagnostic evaluations as well as highly structured prescriptive teaching. Speech and language therapy, counseling, referral, and parent education services are also provided.

Principles stated are: (1) early intervention is viewed as a form of preventive education. (2) Instruction produces greater achievements when it is delivered in small group situations or on an individualized basis (3) Instruction should be remedial in nature as well as encompassing all basic skill areas beginning at the child's present level of development/functioning. (4) Abilities should be assessed over a period of time and updated continuously. (5) It is essential that parents become involved in their child's education to maximize growth, increase understanding and maintain open communication concerning their child's progress. The program follows a cognitive model. However, a combination of approaches is used rather than one specific approach; the amelioration of deficits approach, the basic skill areas approach, and the developmental tasks approach. Behavior modification techniques are used in conjunction with the aforementioned approaches.

This is a Preschool Incentive Grant program. It serves 36 children directly and has been in operation since April, 1978.

Conduct of Program

Following assessment, a conference is held with the family to discuss the child's needs and possible options. Depending on the nature and severity of the child's problem, he/she may be placed in a self-contained, integrated or a combination home/center-based program. These options may include county handicapped programs, Head Start and private preschools. Support services such as speech therapy, occupational therapy, counseling, social services, etc. are provided in conjunction with these programs as needed. In a self-contained classroom preschool youngsters play with kindergarteners during outside play periods and kindergarten children join the preschool class daily during activity time. If possible, parents provide transporation without reimbursement; otherwise special arrangements are made for district personnel or other parents to transport the child.

The program utilizes a team approach. There is a master teacher and one special education teacher, assisted by 12 parents/volunteers, a speech and language clinician, a psychologist and a nurse. Consultation and coordination with other programs and agencies ensures cohesiveness in services provided. Staff

meetings are held weekly to coordinate services and goals for children being served. Monthly inservice is provided in various discipline areas. In addition, staff members attend conferences, workshops and visit other programs to supplement training.

The total program includes language, cognitive, social/emotional, self-help, fine motor, gross motor, and perceptual training. A wide variety of curriculum materials are used, none of them exclusively. Two which are used are PEEK, and the Live Oak Curriculum. About 25% of the time is spent on a one to one basis. The more usual ratio is 1:3. Special equipment such as audiometer, Language Master, specialized tests, language and articulation kits, motor development equipment, typewriter and telephone are used.

After initial assessment, assessment is ongoing, using a large variety of assessment instruments: Brigance, Carolina Developmental, Dallas Preschool Screening Test, Alpern-Boll, Denver Developmental, Leiter, Merrill-Palmer, WPPSI, Peabody Picture Vocabulary, SICD, Carrow Test for Auditory Comprehension of language, Carrow Elicited Lang. Inventory, Goldman-Fristoe or Arizona Articulation Tests, Wash. Speech Sound Discrimination Test, Children's Hospital Medical Center Speech Screening. Home visitations and observations, parent interviews, classroom observations and long term assessments in the classroom are informal assessment procedure options available.

About 90% of the parents actively participate as volunteers, transporters, classroom aides, members of the planning team and in parent education and observation of speech therapy. Weekly small group seminars are presented to increase parents' understanding of learning difficulties and skills in dealing with their child's special needs. Individual counseling is provided to parents needing additional guidance. "Joint staff and parent development of goals for the child ensures cohesive programming both in the home environment and school environment."

Program Effectiveness

"The success and merit of the program is exemplified best by the improvement in children and the help and support given to families of the children serviced. The feedback from parents through surveys, letters and personal contact substantiated the Program's effectiveness." "Twelve of the 23 children enrolled in the diagnostic classroom for extensive assessment and diagnostic teaching will not need special education services when they are school age."

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation, as well as workshops/training at the school site. There are no criteria for adoption. There have been at least two replications of the program. Materials developed by the program include Educational Games, Catepillar reinforcement system, game instructions for home stimulation, handouts on various areas of early childhood education for teacher inservice training, various forms: referral, parent interview, assessment report, needs assessment, parent handouts, program evaluation; and a brochure which is being revised.

Preschool Diagnostic Teaching Program - Oak Grove School Dist., San Jose

Preschool Speech and Language Program

San Luis Coastal Unified School District
1499 San Luis Dr.
San Luis Obispo, CA 93401 (805) 543-2010

Contact Person: Bruce Miller

General Program Information

This program, which has been in operation 1 year, serves 24 children in the 3 to 4 years, 9 months age range. These are communicatively handicapped children, assessed as moderate-severe speech and language delayed by standardized and informal criteria. It is funded by the federal government.

The following principles are stated: (1) regular daily therapy for continuity and optimum growth, (2) parent involvement for carryover and change of environment, (3) parent education for early intervention and prevention - language stimulation, and (4) whole child approach - using other agencies and resources as needed. The program has broad goals, however, individual short-term objectives are made for each child. It basically follows a developmental model but cognitive and behavioral approaches are closely related and are used.

Conduct of Program

"This is an individual program for special handicaps - interaction with 'normal' children depends on enrollment in regular preschool situations." It consists of small group sessions of up to 3 hours, 4 days a week. Important criteria are: "(1) early intervention - contact through preschools, pediatricians and regular public school system, (2) daily small group therapy based on developmental continuum, (3) parent involvement, (4) ongoing evaluations, (5) correlation of motor, speech and language development as needed." All developmental areas are included as they relate to speech and language development, with the use of appropriate special materials. One-to-one instruction occupies 90% of the time.

The parents are responsible for transportation of their children; however the program helps in arranging carpools or coordination with available preschool transportation if needed. Contact is maintained with applicable community resources and they are used when the need arises.

The program maintains a program coordinator, and one speech and language certified teacher, who is aided by a paraprofessional, and a physical therapist and psychologist is utilized when necessary. The teacher and aide have daily conferences at least; inservice training is utilized as needed and as the opportunity arises.

Formal assessment is carried out a minimum of twice a year, as well as pre and post. Instruments used are: the Peabody Picture Vocabulary Test, the Arizona Articulation Proficiency Scale, the Houston Test for Language Development, Illinois Test for Psycholinguistic Abilities, Test for Auditory Comprehension of Language, Vocabulary Comprehension Scale, Utah Test of Language Development, and the "Yellow Brick Road." Informal assessment is by spontaneous language samples, and informal elicited sentences.

All parents are actively involved in the program, as transporters, in at home follow-up activities, and by participating in parent education workshops. Besides group and individual meetings with the staff, there is daily contact as parents transport their children.

Program Effectiveness

There have been no formal studies on effectiveness of the program; evaluation is constant and ongoing. This evaluation comes from pre and post test results, parent evaluation, and input from preschool and kindergarten teachers.

Dissemination and Technical Assistance

The program is available for visitation/observation and for workshops/training at their site. There are no criteria for adoption; the program has not been replicated. For further information, contact Kathy Hamrick, (805) 541-6536.

Carol/Loma Vista

Contact Person: Millie Green

Vallejo City Unified School District
211 Valle Vista
Vallejo, CA 94590 (707) 643-0341

General Program Information

Under the Carol/Loma Vista program, preschool children take part in activities geared toward enhancing fine and gross motor coordination skills, personal-social skills, language development and school readiness skills. It is funded by the federal and state government and has been operational since 1971. The program is based on the principles that early intervention is most beneficial; there should be individualized programs for each child and periodic assessment of each child; parent involvement is important, as is integration or placement in a regular preschool as soon as possible. A somewhat structured approach is used, balancing the need for short-term objectives with that of broad goals. A cognitive model is followed.

The program currently serves 13 children between the ages of 18 months and five years who are physically handicapped. Students must have orthopedic or other health impairments to be accepted into the program.

Conduct of Program

The program is center/classroom based and meets in full day sessions, five days in either a self-contained or integrated classroom. About 25% of the time is spent with normal children. Bus service is provided by the program.

The staff consists of a program specialist and two special education teachers. They are assisted by two paraprofessionals, parents/volunteers, one part-time speech and language clinician, one occupational and one physical therapist, and a part-time psychologist. There are monthly staff meetings; inservice activities are planned at various times during the year. California Children's Services and the North Bay Regional Center provide aid for the program.

All developmental areas are included in the program, with about 10% of the instructional time spent on a one-to-one basis. Published curricula used are the Brigance Diagnostic Inventory, and the Portage Guide to Early Development. These instruments are also used for formal assessment, along with Santa Clara and Denver Development materials. Children are formally assessed annually or as required. Informal assessment is by observation. Special adaptive equipment is used in the program to suit individual needs.

Parents are encouraged to participate in the classroom on a regular basis. They accompany students on field trips, do projects at home, participate in a parents' group, and maintain a bulletin board of interest to parents. Approximately one-fourth of the parents actively participate. The staff are in telephone contact with parents every 1-2 weeks, with individual conferences biannually or as required.

Program Effectiveness

The Brigance Inventory of Early Development has been used to assess the effectiveness of the program. Other evidences of effectiveness have been gleaned from parents' and teachers' comments.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. There has been no known replication.

Carol/Loma Vista, Vallejo City USD, Vallejo

PRIVATE SCHOOL
PROGRAMS

Almansor Education Center-Preschool Program

Almansor Education Center
9 North Almansor Street
Alhambra, CA 91801 (213) 282-6194

Contact Person: Barbara Hoskins
Language/Preschool Coordinator

General Program Information

This private school program is conducted in a small, structured classroom situation which provides intensive remediation in the areas of language, behavior, sensory-motor abilities, and cognitive-academic learning. Children are mainstreamed into a normal pre-school program for socialization and language interaction, and parents are encouraged to become involved in the parent participation program. It is funded through a combination of state and local tuition and has been operational for one year. The principles of the program are (1) the program is language-based, (2) a range of structured experiences from one-to-one learning to large group settings is offered, (3) children benefit from normal learning models, (4) parent involvement facilitates learning, (5) learning is best facilitated in a program which integrates work in language, sensory-motor processes, behavioral management, and social and cognitive needs. The program is highly structured with specific short-term objectives and follows cognitive, behavioral and developmental models. It serves children in the age range of 3 - 5 years who are communicatively handicapped. To be accepted into the program a child must demonstrate a severe communication handicap, not primarily mentally retarded, physically handicapped, visually or hearing impaired. Children with behavioral disorders are accepted.

Conduct of Program

The delivery of services is center/classroom based and a combination of home and center based, with the center/classroom services meeting three hours a day, five days a week. The meetings are held in a self-contained classroom, integrated classroom, combination home and self-contained classroom and a combination home and integrated classroom. The program provides transportation, or they are transported by the school district. Facilities of the Regional Center are used for the children as needed.

The staff consists of both a master teacher and program coordinator, and a teacher certified in communication handicapped. They are assisted by paraprofessionals, parents/volunteers, a speech and language clinician, an adaptive physical education specialist and and school/family counselor. The staff has two meetings a week; inservice training is conducted once a month.

All developmental areas are included in the program. From 30 to 85% of the instructional time is spent on a one-to-one basis, depending on the child's ability to function. There is no special equipment used, with the exception of a trampoline activity in the motor program. Published curricula utilized are The Behavioral Characteristics Progression by Vort Corporation, and Systems Fore, by Northwest Learning Resources System-Fireworks.

Tests commonly used for assessments are the Zimmerman Preschool Inventory, Peabody Picture Vocabulary Test, Elicited Imitation Syntax Task, Purdue, So. California Test for Sensory Interpretative Dysfunction on a formal basis and the System Fore Assessment for informal assessment procedures. Children are formally assessed twice per year.

Parents are asked to participate in the parent co-op program set up in the regular nursery school program on the grounds. Mothers volunteer to work in the classrooms four times a month. Both parents also participate in other activities to support the program. There is also a parent counseling program to aid parents in home management. There is 100% participation in this program by the parents as volunteers.

Program Effectiveness

An indication of the effectiveness of this program is that the children have improved from baseline performance in all areas: language, social, motoric, pre-academic, and self-help, since the beginning of the school year.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at adopting sites, phone and/or mail consultation to other agencies/districts. Frequent inservices are provided to nearby school programs.

This program has not been replicated or adopted by other agencies/districts and there have been no materials developed.

Monterey Class

Contact Person: Gene England

Behavioral Sciences Institute
72 Fern Canyon Rd.
Carmel, CA 93923 (408) 624-1700

General Program Information

"Behavioral Sciences Institute is a not-for-profit, educational research and development laboratory which designs systems and develops learning programs for the educationally handicapped. Its systems are known as the 'Monterey Plan'." The following description applies to all sites in general over several states.

Children served in this program are between the ages of 3 and 8 and have a gap between learning capacity and learning skills. They must be in the educable classification or above. Funding is usually local. The program has been operational for seven years.

The following principles are listed: "learning theory, high response rate, high accuracy rate, scheduled reinforcement, behavioral management, accountability for teacher, child, and program. It is a structured program; "even so-called affective skills are taught 'on purpose' rather than by 'accident.' The Monterey Class utilizes behavioral management techniques and high-precision instructional techniques to rapidly accelerate the learning of basic skills."

Conduct of Program

Children usually meet in a classroom five days a week. The length of the day varies according to the age of the child. Other placement options are available depending on the needs of the child. Percentage of mainstreaming varies from school to school, as do transportation arrangements. Transportation can be provided by the program through school districts, or by parents, with or without reimbursement.

A typical class has one master teacher, one paid aide and local volunteer aides. Speech and language clinicians and psychologists are made available as needed. Diagnostic facilities are utilized when necessary. Staff meetings are held weekly, with data monitored daily on each child. Inservice training is continuous. Curricula used is provided by Monterey Programs in Language, Speech, Reading, Arithmetic; Monterey Learning Systems. Most activities are on a one to two instruction basis. Assessment is carried out every 2 - 6 weeks using placement tests based on instructional objectives in Monterey Programs; a wide variety of norm/criterion-referenced tests are used.

About 75% of the parents are active in the program as volunteers, teachers, transporters, classroom aides, and members of the planning team and advisory council. They participate in group meetings and classes in behavioral management. Parents have access to daily data on children.

Program Effectiveness

The Monterey Language Program is validated by the Office of Education as exemplary. The Monterey Reading Program is validated by A.I.R. Effectiveness of the program is shown by data on 250,000 children per week in 42 states, with some independent evaluation studies.

Dissemination and Technical Assistance

All necessary training and technical assistance can be obtained from this program. Training is done on a contract basis for two years. Programs must follow the program manual and go through a certification process. More information on the Monterey Programs can be obtained from Betty Igel, Monterey Learning Systems, 900 Welch Rd. Palo Alto, California, (415) 324-8980.

Monterey Class - Carmel

MERCI
Children's Program
Extended Services Program

Mentally & Educationally Retarded
Citizens, Inc. (MERCI)
525 North Chandler Ave. (P.O. Box 463)
Monterey Park, CA 91754 (213) 289-8817

Contact Person: Lilyan Haigh

General Program Information

"The Children's Program provides individualized learning experiences for children who have developmental special needs. Emphasis is placed on psychomotor development, skills for daily living, socialization, and communication skills. Academics are introduced when readiness is indicated. Extended Services Program offers a supplemental training program, and activities include academic tutoring, motor development, and skills for daily living, as well as leisure and recreation. The program is open to children who attend other facilities as well as MERCI." The programs are fairly structured and are based on a developmental model which provides opportunities for ongoing growth and development.

Children from 2 to 17 are served in both programs, for a total of 20. Founded in 1955, MERCI is funded from a variety of sources: tuition and contributions. The child must have a developmental special need, usually with a primary diagnosis of mental retardation.

Conduct of Program

The Children's Program meets in full-day sessions 5 days a week. The Extended Services Program consists of before and after school care from 7:00 a.m. to 5:45 p.m. Part-time enrollment can be arranged in the Children's Program. When appropriate, preschool children with developmental delays are enrolled part-time in the program with typical preschool children, for a mainstreaming percentage of up to 50%. Transportation is provided by MERCI school bus within a 25 square mile area (East Los Angeles).

The program coordinator has Early Childhood, Administrative and Community College Instructor credentials and a Children's Center Permit. She is assisted by two teachers, four paraprofessionals, parents/volunteers, a speech/language clinician, an occupational/physical therapist, and a medical social worker. The services of Regional Centers and Cal State Univ., L.A. School of Nursing are utilized as needed. There are weekly staff meetings. An "annual staff orientation day includes speakers and workshops. Speakers and workshops are also included in some weekly meetings. Staff is encouraged to attend off-site workshops and conferences."

Children are formally assessed annually or as appropriate. Materials used include the Santa Cruz Behavioral Characteristics Progression Chart; Pediatric Assessment, CSULA; Goldman-Fristoe Articulation Test; Carrow: Child Development through Physical Recreation tests, L.A. Parks and Recreation; Denver Articulation

Screening; Bender Gestalt; Wide Range Achievement Test; Wechsler Intelligence Scale for Children; Sentence Completion; Thematic Apperception Test; Rorschach; Peabody Picture Vocabulary Test. Informal assessment is by teacher observation and teacher-constructed test materials; language samples, etc.

All developmental areas are included in instruction, with the percentage of instructional time spent on one-to-one instruction being 90%.

About 50% of parents actively participate as volunteers, in educational programs and MERCI parent organization. "Parents participate in development of the individual program plan for their child. Teachers and Home/School Coordinator work closely with parents to provide reinforcement for skills developed by child during classroom instruction. Parents are encouraged to attend parent education programs and provide input and program evaluation." Group meetings with staff are held 4 or 5 times a year. There are usually frequent informal and formal contacts with parents.

Program Effectiveness

Children are tested periodically by Regional Center to assess learning. Effectiveness of the program is evidenced by the fact that most children achieve their learning goals and do well when they move on to the public school programs. Parents report improved behavior at home and are pleased with their children's progress.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consutation; also workshops/training on site. Interns, student teachers, etc., are placed at MERCI for classroom experience. There has been no replication.

MERCI - Monterey Park

Pacific Children's Center

Contact Person: Lorna Kimball

Pacific Children's Center
303 Van Buren Ave.
Oakland, CA 94610 (415) 465-3507

General Program Information

"The staff of the Pacific Children's Center provides a therapeutically oriented day treatment program for young children (ages 2-6) who have developmental problems. The preschool staff is committed to the belief that early diagnosis and intervention in the lives of disturbed children and their families can help these children to enter Head Start, regular kindergarten or special public school classes." Principles as stated are that: (1) Children learn in developmental stages through interaction with their environment; (2) children need to learn to develop awareness of feelings and appropriate ways of expressing them; (3) play reveals what a child thinks, feels, and is trying to master and is the most natural self-healing component childhood affords; (4) parents' participation in child's treatment is an integral part of the therapeutic process; and (5) the nature of family dynamics can inhibit or enhance a child's developmental processes.

The child is helped to develop self-esteem, interact appropriately with adults and peers, and use materials and toys, with emphasis given to emotional problems. Short term objectives and treatment plans are evaluated quarterly in the areas of sensory/motor, social/emotional, cognitive/language and family.

Currently there are 20 children served, between the ages of 2-1/2 and 5. The range of problems include autistic, developmentally delayed, speech delays, impulsive, hyperactive, neurologically handicapped, serious emotional problems. The program does not serve TMR children. Funding is by the state Dept. of Educ., revenue sharing, fees and grants. The program is 5 years old. Delivery of services is directed toward low-income, disadvantaged and minority families, but no child is denied service because of race, sex, or religion.

Conduct of Program

Children are served in a half-day program. Parent education groups and therapy are provided in addition to this. The classroom is set up in a nursery school format where children are free to move from one area to another under adult supervision, with individual and small group activities taking place according to the child's needs. "All children in program have special needs; some are more handicapped than others." Children are transported when family has no car or the parent works; otherwise parents are responsible for bringing the child to school.

Staff includes a program director and three special education teachers. They are assisted by 1-2 parents per day; 2-3 student volunteers/day. A clinical director supervises, and does diagnostic evaluations. A medical director is available for consultation one day a month. One staff meeting is held per week for the teaching staff to discuss the school program; another

is a clinical staff meeting with the clinical director, medical director, and therapists. Inservice meetings are held once a month. In addition, special workshops may be arranged or conferences attended.

Individual child and adult therapy is available through affiliated counseling center. Referrals come from the Child Development Center, Children's Hospital, from social workers, and pediatricians. If an adequate medical workup has not been done, the family is referred for this.

This is not regarded as an "instructional" program. Children are started at their own developmental stage and helped to progress; resistance to adult direction is often the first priority. Individual signing sessions of 15-20 minutes per day are provided for nonverbal children. There are no published curricula or special equipment used. Test results (formal assessment) are not often useful because of child's lack of cooperation or lack of speech. Psychological and speech evaluations are usually done at the Children's Hospital Child Development Center. An initial diagnostic evaluation is done by the clinical director through a family interview and observation of the child in the play room; observation of child in the program is the basis for assessment in report writing.

If the parent can't participate in parent group and school program, preference is given to the parent group; for working parents, therapy is required if they are not able to get to the school. Therapy is available for the parent and child when it is appropriate. 90% of families are currently in therapy. The child is not maintained in the program if there is not family cooperation on some level. A mothers' group meets once a week; fathers' group meetings are held twice a month.

Program Effectiveness

Statistics are available and were furnished with the questionnaire on placement of children over the past five years. They indicated that 49% of the children were placed in regular kindergartens or preschools.

Dissemination and Technical Assistance

The program is available for visitation/observation. There are no criteria for adoption; there has been no replication. Brochures describing the program and giving qualifications of staff are available.

Pacific Children's Center - Oakland

Peninsula Children's Center

Peninsula Children's Center
3860 Middlefield Road
Palo Alto, CA 94303 (415) 494-1200

Contact Person: Ann Branham, MSW
Intake Worker

General Program Information

Peninsula Children's Center is a private, non-profit day treatment and special education program for children and adolescents, age 2½ - 18, with a wide range of emotional, behavioral and developmental problems. They range in functioning from moderately distrubed to severely dysfunctional. The staff of education and mental health specialists uses a team approach in planning and implementing the individualized programs for each child and his family. This program has been operational for nineteen years and the local funding is made up of school districts, the Short-Doyle Act, United Way and private contributions. The goal of the program is to increase each child's level of functioning in all areas--speech and language, perceptual and motor, self-help, social, emotional, academic--so that the child can be integrated into the public school system and the community. The program is highly structured, with specific short-term objectives and follows a cognitive, behavioral and developmental model. The children served by this program fall into the primary characteristics of learning handicapped, communicatively handicapped, and severely handicapped. Acceptance into the program is based on no appropriate public school program, the child being able to benefit from the program, and the family's willingness to be involved.

Conduct of Program

The delivery of services is center/classroom based five days a week with home visits on occasion, when indicated. The percentage of instructional time handicapped children spend with less handicapped or normal children depends on the child, his level of functioning, and his needs. Program personnel collaborate with nearby nurseries, elementary, junior high and high schools to integrate the child with normal children when indicated. Children with varying handicapping conditions are placed in the same classroom; major criterion being each child's ability to gain from that placement. All children receive academics in small groups, one on one tutoring, or independent assignments. When the children are ready they are gradually integrated into regular or special classrooms in public schools. Transportation is furnished under this program by parents bringing the child in and being reimbursed, or the school districts provide a bus. A diagnostic facility is one of the community resources utilized to carry out the program, although the program works in close collaboration with many community resources,with initial evaluations of the child being done mainly by outside resources. Approximately 10-25% of instructional time is spent on one-to-one instruction depending on the level of functioning of the child. Special equipment and/or materials are required to carry out this program and developmental areas included in the instructional program consist of cognitive/ preacademic/academic, self-help, fine motor, socialization, gross motor, and language/speech.

The staff consists of a master teacher/program coordinator with five teachers certified in special education and elementary education. There are fourteen paraprofessionals, about 50 parents and/or volunteers giving six hours a week each plus volunteer time provided by members of the Board of Directors, Professional Advisory Committee, and fund raising groups. There are two speech and language clinicians, one occupational and/or physical therapist, three psychologists and a psychiatrist half time plus one, 1 day a week, and three social workers. The full staff meets once a week. Formal team meetings are held once a week, with teams working with a specific group of six children. Meetings are also held informally as needed. Inservice training for staff development occurs several times per year, with the staff encouraged to take advantage of the many opportunities in the nearby community. Published curricula are used as a guide in planning and implementing the instructional program but the same curriculum is not used for every child. Commonly used for assessment are the WISC, Leiter, PPVT, Detroit, Bender-Gestalt, Piat, Brigance Inventory of Basic Skills, Boehm Test of Basic Concepts, Englemann Test of Basic Concepts, Uniform Learning Performance Assessments System (criterion ref.), and Detroit Test of Learning Aptitudes. The WRAT and Gilmore Oral Reading Test are used with the older children. Informal assessment procedures commonly used are observations, mental status examinations, interviews, and previous school reports. Children are formally assessed every three years for psychological, and annually on mental status.

Collaboration and cooperation with families is essential. Parents can participate in supportive parent groups on a regular basis or can meet individually with caseworkers. Individual, marital or family therapy is available, and contact can be made with siblings when desirable. One hundred percent of the parents actively participate in the program, serving on an Advisory Council and parents are in close, regular collaboration with caseworkers, who also provide therapy if indicated. The staff meets with the parents once a week, with individual contact once a week or as indicated.

Program Effectiveness

A follow-up study of children who had been in Peninsula Children's Center was conducted in 1975. Effectiveness of the program is indicated by the ability to serve children when public schools exclude them and the return of children/adolescents to less restrictive programs.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, and this program provides placement for student internships and training on graduate and undergraduate level. There are no formal criteria for agencies wishing to adopt this program model but inter-disciplinary staffing is critical as is ongoing work with parents. Other significant program features are use of sign language for language-impaired children, individual counseling or therapy available for children if needed, and parent involvement. While materials have not been developed for publication they have been developed for the program use.

Peninsula Children's Center - Palo Alto

Levy-Diamond Infant Center

Villa Esperanza
2116 E. Villa St.
Pasadena, CA 91107 (213) 449-2919

Contact Person: Nancy Pscitelli

General Program Information

"Villa has the distirction of having the first infant program in the country. Our curriculum is dispensed with large doses of patience, tenderness and joy. Time is allowed for trust to develop between child and teacher before tasks are initiated. The teacher begins with the infant's most successful area of development and chooses tasks that he can do easily and achieve a feeling of accomplishment. Then activities are initiated in areas of greater need. An eclectic approach is used - anything that works - no specific 'method' is used."

Principles as stated are: (1) to help parents re-establish relatively normal living patterns; (2) to provide parents relief from the physical care of their child in order to do something special for themselves; (3) to insure that no child will be reduced to his lowest level of functioning; and (4) to interact with the children in a calm, loving, relaxed atmosphere. The curriculum consists of the "4 Ls" - Love, Laughter, Language, and Locomotion. Emphasis is on discovery and broad goals - "the most important 'gift' we can give each child is helping him discover the joy of success, no matter how small, and the excitement and zest for learning. The developmental approach is taken, but at times it is necessary to provide experiences beyond some of their abilities and provide equipment to allow them to enjoy things they would not be able to do on their own."

Almost all degrees and types of disabilities have been served over the years, including many undiagnosed, mildly-delayed children. Any child having a problem causing delayed development is eligible. In the toddler class, the child must be ambulatory because of licensing requirements. The age range is from 3 months to 5 years; at present, there are 25 children served. It is a 12-year-old program, receiving private and state Regional Center funds.

Conduct of Program

Time in the center varies from 3 hours, 3 days a week for infants (some very young infants only attend 2 days a week) to 4 hours, 5 days a week for toddlers. Each group has several normal children participating in the program - a twin sibling, staff children, a volunteer's child. In the infant center, sometimes there are as many normal children as there are handicapped. The parents transport their children without reimbursement. (The Regional Center has been providing reimbursement for some parents, but only a very few are receiving it now.)

The staff consists of a master teacher who is certified in special education and three early childhood education teachers. There are two assistant teachers, two volunteers, two speech/language clinicians, an occupational/physical therapist, social worker, nurse, and music therapist. The Regional Center provides psychological, medical, and diagnostic services as needed. Staff meetings are held weekly; there is daily discussion at the end of the morning or any time there is a problem. The Infant-Toddler staff meets with the entire school staff for monthly inservice training.

All developmental areas are covered, including sensory integration and music/creative activities. In the infant program, most of the time is one-to-one with time allowed to explore, etc. In the toddler program, group activities predominate but individual attention is given each child. Sensory motor equipment of various types is provided. Children are formally assessed quarterly, using the Denver Developmental Scales and The Peabody Language Test. Teacher "tracking" accounts for most informal assessment.

There is no mandatory parent participation - parents are usually involved with classroom activities for the first 1/2 hour each morning and then leave. There are lecture series, group discussions, evening meetings; some parents volunteer in other classes or in the office. "Parent education" consists of casual daily dialogue between staff and mothers, with more in-depth conferences scheduled as needed. "Our main objective is for the parents to feel they are important as individuals."

Program Effectiveness

Several graduate students have done studies on the effectiveness of the program, including a PhD dissertation. There has been pre and post testing on children involved in the Title I program in speech. "Statistics of testing done by Regional Center correlate well with our own testing and usually show an increase in the rate of development over a year's period."

Dissemination and Technical Assistance

All levels of technical assistance and training are available. "Our model needs teachers and staff that are relaxed, flexible, creative and that are willing to use their own intuition." Most people who visit or ask advice have an idea of what they want and just like to pick and choose certain aspects of the program. "Part of our approach would be to help a program develop their own format that meets their needs and takes advantage of the strengths and talents of its staff, not to just copy ours!" The supervisor/contact person has taught a special education class at Pacific Oaks entitled "Working with Parents of Learning Disabled and Severely Disabled" and feels "especially qualified" to do workshops in this area.

A new brochure is available describing this program. Registration and intake-release forms, etc. are also available; as is a master's thesis - "A Time to Laugh" - Intepretation of a program goal for parents.

Levy-Diamond Infant Center - Pasadena

Circle Preschool

Contact Person: Carola Ashford

Circle Preschool
9 Lake Ave.
Piedmont, CA 94611 (415) 658-8323

General Program Information

"Since 1973, Circle Preschool's demonstration classrooms have modeled an approach for integrating exceptional and non-handicapped children - ages 2 to 6. Resource and regular teachers work as a team with the parents, planning school objectives, home programs and comprehensive outside agency services. The location of the 3 schools is convenient to public transportation. This, in addition to our own transportation, allows us to enroll children from a broad range of families of varying cultural backgrounds."

Besides the preschool program, there is also a parent-infant project, which is a home and center based educational program for developmentally-delayed or disabled infants (under one year at entry) and their families. This project is associated with Children's Hospital, Oakland, Child Development Center.

Principles of the program are: (1) Children enjoy learning; (2) for the child, doing, learning and growing are inseparable; (3) the child learns through interaction with his environment, which includes not only buildings, equipment, and materials, but other children and adults; (4) freedom is necessary for the development of happy, creative, confident children; and (5) the child tends to have a positive direction in his development, and each child has his own unique pattern.

The original program dates back 14 years. Funds are obtained from private tuition, private contributions, the Aguinas Fund and from state and federal sources. There are 25 children in the infant program. In the preschool program there are 32 special needs children integrated with 80 regular-developing children. Children in the preschool program must be able to benefit from a mainstreaming program. The program is somewhat structured; some children with special needs are given more direction and structure within the program than others. A developmental model is followed; the emphasis for an individual child, however, may be cognitive and/or behavioral.

Conduct of Program

Placement options include a center-based integrated program for half-day sessions, and combination classroom (3 days/week) and home-based (2 hours/week). Infants receive more home visits and home program plans that preschoolers. However, an extensive home program is used with a few of the preschoolers as needed. Special needs children are pulled out of the classroom program for 20-minute daily 1:1 tutorials. Various transportation arrangements are made. Private transportation agency arrangements are funded by the Regional Center for some, Some transportation is furnished by the public school districts, and some are transported by parents.

Each class that has special needs children is staffed with one special education teacher (Developmental Therapist), two regular education teachers and an aide. A speech and language clinician is contracted for one day a week, as is a psychologist as needed. There are a total of 20 teachers, and a program coordinator in the program. Staff meetings are held once a week; inservice training once a month. Social Service agencies, diagnostic and medical facilities' services are used as needed.

All developmental areas are included in the instructional program. A Live Oak Curriculum has been developed by the Circle Preschool, and is used in the program. About 10% of instruction time is spent on a 1:1 ratio. Formal assessment varies, many different assessment materials are used, depending on the child and his/her problem(s). Informal assessment is carried out by classroom screenings, psychological observations, staff observations and planning meetings.

Parents are involved as transporters on field trips and in various assignments for the program: sewing, playground development, laundry, hostess, etc. Individual contact with staff varies from daily to biannually. Group meetings are held 6-8 times a year. There are special workshops planned around specific areas of interests, and referrals and coordination with other agencies.

Program Effectiveness

Most of the children who leave Circle Preschool go on to regular kindergarten programs with minimal support services. Psychological evaluations and developmental assessments show, on the average, an increase of 50% in the rate of growth at entry.

Dissemination and Technical Assistance

Circle staff provides workshops and consultation services to other early childhood programs to assist in staff and program development, ranging from individual consultations to entire workshop programs. A brochure outlining the range of consultation services and costs is available from the program. Agencies interested in replication should have the potential for doing this type of model. The program has been replicated by several districts/agencies.

Materials available from the program include: The Live Oak Curriculum, The Live Oak Toddler Supplement; material on classroom screening; the Individual Assessment and Program Plan Book; Individual Game Station and The Stegel: the Parent Program Handbook; and an Inservice Handbook. Brochures are available on the program, consultant services and materials available.

Circle Preschool - Piedmont

The Children's Center at Riverside

Contact Person: Penny Ellien
Connie L. Beasley

The Children's Center at Riverside
7177 Potomac St.
Riverside, CA 92504

General Program Information

"The Children's Center is a California, Nonprofit Corporation licensed by the State Department of Health to provide infant/preschool intervention for children with developmental disabilities. Nonhandicapped children are enrolled in the preschool classes to provide an integrated educational experience. The Center offers a transdisciplinary program of therapy and education for the children and their families."

Three principles are stated: (1)"environmental interventions can alter development of the young child and increase potential, and should be provided in early infancy for optimum effect. (2) Parental involvement increases effectiveness of the program while the child is enrolled and influences the child's later continuing development when referred on to another program. (3) Nonhandicapped children can be successfully integrated into a program designed for handicapped children if it is a developmental model." "Interventions are designed to result in generalized learning. Each child's IEP contains both long term and short term goals. The program is structured to ensure that children interact with their environment in a systematic way."

There are 80 handicapped and 10 nonhandicapped children served who are in the 0-6 years age range. Federal, state, county and local funding are involved. It is a United Way agency. The program has been in operation for 3 1/2 years. All ranges and types of disabilities are served; "any child with a developmental delay or disability or who is 'at risk' for having a disability."

Conduct of Program

The majority of children attend a classroom program, half-days for 2, 3, or 5 days a week. Home teaching is provided for those children too ill to attend or without transportation. One-to-one tutoring is available for children exhibiting behavior problems that would be too disruptive for a classroom setting. All classes are integrated to the extent that children with different disabilities are grouped together, even if "normal" children are not present. Parents transport without reimbursement; public school contract children are transported by bus or parents transport and are reimbursed by the public school.

The staff consists of a program coordinator and eight teachers, two with special education credentials and one with an elementary education credential. There are 10 assistants, 25 parents/volunteers, a speech and language clinician, two occupational/physical therapists, a consulting psychologist and a consulting pediatrician. The staff meets weekly for one hour meetings and inservice training. A 1/2-day inservice session is held once a month. DPSS and Child Protective services, Regional Center, volunteer center, and facilities of local colleges and universities are used as needed.

All areas of development are covered in instruction. Percentage of 1:1 instruction is 100% in infant classrooms, 25 to 50% in preschool. The Edgar Developmental Observation Checklist and Teacher Instructional Guide, and the Developmental Program Manual, California Dept. of Health, are among materials use as guides for curriculum. "Piaget and Kephart Theories form the bases of the sensory and perceptual motor program component." A various assortment of special equipment; t-stools, belly boards, weights, etc., is used in the program. Formal assessment is carried out twice a year using the Gesell Developmental Schedule; Brigance Diagnostic Inventory of Early Development; Portage Guide to Early Education; Koontz Developmental Scale, Burk's Behavior Scale; Receptive-Expressive Emergent Language Scale; Peabody Picture Vocabulary Test; and Chaney Observation of Basic Motor Movements. Observation and parent interviews are the procedures used for informal evaluation.

About 75% of the parents actively participate at all levels of the program. They are requested to spend one day per week in the classroom to learn at-home techniques. Parents participate as required by PL 94-142 and California Master Plan in their child's evaluation, IEP development and placement. Group meetings are held once a month, most parents have daily individual contact as they transport their child. Formal conferences are held twice during the year to review progress reports and evaluations. Additional conferences are scheduled at parent, staff or counselors' request.

Program Effectiveness

A federal grant funded by Developmental Disabilities and Bill of Rights Act included a research component to measure effects of "reverse mainstreaming" (integration of normal children into program for the handicapped). This is the fourth year The Children's Center has received a grant for Compensatory Education under Title I. The Children's Center has been successful in meeting the instructional objectives for 1 month's improvement in 3 months. Overall effectiveness of the program is measured by the extent of developmental gains of individual children.

Dissemination and Technical Assistance

All types of training/technical assistance are available either by the program or in cooperation with Dr. Clara Lee Edgar, Developmental Disabilities, Inc., 1609 W. 9th St., Pomona, CA 91766. Graduate studies in the program at the Master's Degree level are available at Notre Dame Colleges and LaVerne University. The program has been replicated by one agency and partially by several other.

Parent education includes advocacy training and information on diagnoses, parenting, child development, handicapping conditions, etc. Parents can receive formal training to visit parents newly informed their child is handicapped.

Children's Workshop

Children's Workshop
248 Nutmeg Street
San Diego, CA 92103 (714)233-4759

Contact Person: Judith L. Cohen
Director

General Program Information

This private school program consists of small day-school classes with speech and language therapy and sensory integrative therapy provided daily. Parent education and participation is an integral part of the program. The funding is a combination of state, private and local and the program has been operational for seven years. The program is based on the principles that (1) all children can learn if appropriate assessment provides a current functional level, (2) specific objectives must be established, (3) instruction proceeds in small increments, (4) progress is evaluated regularly and objectives updated, and (5) developmental continuum provides a basic guideline. The program is highly structured, with specific short-term objectives and follows cognitive, behavioral, and developmental models. Children served are in the age range of 4-14 years with primary characteristics of learning handicapped, communicatively handicapped, and severely handicapped. For acceptance into this program the service needs and current functional level should be consistent with this program's schedule of speech and language therapy and sensory integrative therapy.

Conduct of Program

The program provided to the children is center/classroom based with meetings of 3-6 hours five days a week in a self-contained classroom. The public school system provides bus service, some of the private students are transported by their parencs without reimbursement and some parents are reimbursed for transporting their children. Community services of a diagnostic facility, medical facility and social service agency are utilized on a referral basis. Approximately 25% of the instructional time is spent on a one-to-one basis, another 50% is spent in groups of two to three students, the remainder in groups up to six. Developmental areas included in the instructional program consist of cognitive/preacademic/academic, self-help fine motor, socialization, gross motor, and language/speech. Special equipment and materials normally required by multi-disciplines providing program services are used in this program. The staff consists of a master teacher/program coordinator, five teachers certified in special education, four paraprofessionals, three speech and language clinicians, three occupational and/or physical therapists and one social worker. There are staff meetings every three weeks and inservice training for staff development every six weeks.

Published curricula used in planning and implementing the instructional program are the Children's Workshop Curriculum Guide and selected others as supplements. Assessment tests commonly used are the Children's Workshop Curriculum Assessment--criterion referenced assessment, Brigance, and a combination of norm-referenced assessments as needed. Baseline data are commonly used as informal assessment procedures. Children are formally assessed annually. About 25% of the parents actively participate in this program as volunteers and members of planning teams. The staff meets with parents in a group five

times a year; individual contact occurs six times per year in team meetings, and three times per year in parent conferences. Frequent phone calls and informal meetings are common. Daily information is sent home, in addition to which educational evening meetings are scheduled.

Program Effectiveness

There have been no formal studies. Pre/post assessment data is the only evidence to indicate the effectiveness of this program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at adopting sites, follow-up visits to adopting sites, program monitoring at adoption sites, and occasional in-service presentations and consultation to other agencies/districts.

There are no established criteria or requirements for agencies wishing to adopt this program model. Aspects of this program have been adopted by over five locales, both urban and suburban.

A Curriculum Guide and Assessment S/M Program form has been developed by this program.

Childrens Workshop - San Diego

Los Ninos Center

Los Ninos Center
4444 Federal Blvd.
San Diego, CA 92102 (714) 163-6111

Contact Person: Dr. Elizabeth McInnis
Program Director

General Program Information

This program serves 27 students in the age range of 2-14. The program is totally individualized and totally empirically-based. It is a private school that serves severely handicapped children with communications and behavior disorders of such severity that the child requires one-to-one instruction and behavior modification. It is funded by a combination of sources and has been operational for nine years. It is highly structured, with specific short-term objectives and follows a cognitive and behavioral approach.

Conduct of Program

The delivery of services is center/classroom based and classes meet three to six hours a day in a self-contained classroom. The students are transported by the parents without reimbursement. The instructional time is 100% on a one-to-one basis and the development areas included are cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, language/speech and behavioral. Special equipment and/or materials are used to carry out this program. The staff consists of a master teacher/program coordinator and five teachers certified in special education; twelve paraprofessional aides, fifteen parents and/or volunteers, one speech and language clinician, two occupational and/or physical therapists, two psychologists, and one child psychiatrist. Children are grouped by level of functioning rather than by age. Staff meetings are held weekly and in-service training for staff development bi-weekly. Published curricula are not used as a guide in planning and implementing the instructional program. Commonly used for assessment tests are the PPV, Leiter, ITPA and Minnesota Development Scale. Behavior observation is the informal assessment procedure commonly used. Children are assessed formally as needed. Parent involvement consists of a structured parent training program and parent/volunteers in classrooms. The staff meets with the Mother's group weekly and individual contacts are made as needed - a minimum of every two months. Approximately 90% of the parents participate as volunteers, classroom aides, and in the Parent Training Program Mother's Group.

Program Effectiveness

While the studies are experimental there has been a Parent Satisfaction Measure learning verification utilized in this program, and daily data documenting individual learning curves in response to instructional procedure and behavioral interventions are maintained.

Dissemination and Technical Assistance.

This program is available for visitation/observation, workshops/training on site and phone and/or mail consultation. There are no established criteria or requirements for agencies wishing to adopt the model, as the program is totally

individualized. One of the significant features of this program is the Parent Support Group (Mother's Group).

This program has not been replicated or adopted by other agencies/districts and there have been no materials developed under this program.

Los Ninos Center - San Diego

AIM (Atypical Infant Motivation Program)

Contact Person: Isabelle McDaniel
Adminstrative Director

Atypical Infant Motivation Program
Institute for Medical Research
751 So. Bascom Ave.
San Jose, CA 95128 (408) 448-0300

General Program Description

AIM is "an early intervention program for infants and young children of preschool age with significant developmental disabilities. The AIM program is based on the premise that special children can achieve a higher level of competence with parent participation coupled with an individualized curriculum which includes: language development, cognitive development, neuromuscular development, sensory-motor learning, decision-making, emotional growth, self-help skills and social interaction." A basic principle is that "a child is a child first with it's anomaly second." It is fairly structured and follows a developmental model.

Eligibility for the program is determined by the Regional Center. There are 32 children (0-3 years) in the program. It is funded by the Regional Center/State, donations and the United Way, and has been in operation since 1974.

Conduct of Program

There are two school sites for this program, one in San Jose and one in Gilroy. Children attend a self-contained classroom 3 hours a day, 5 days a week in a year-round program. Only 5% of instruction time is integrated with normal children. Transportation is furnished by a contract arrangement with a private company. Home visits are made at appropriate times to each family.

There is a program coordinator and 13 teachers on the staff. The teachers are certified in early childhood and/or special education. They are assisted by six paraprofessionals, 10 parents/voluntters, three occupational/physical therapists, a nurse and a medical director. Staff meetings are held twice a week; inservice training once a month.

Approximately 50% of instructional time is spent on a one-to-one basis. Special orthopedic equipment is used as needed; no published curricula are used. Formal assessment is made quarterly using the Early Intervention Developmental Profile. Informal assessment is accomplished by a tasks checklist and observation.

About 20% of the parents are active participants in the program as volunteers and classroom aides. Staff is involved in teaching/training the parent to work with his/her child at the center, and as a continuum teacher in the home. Group meetings are held once a month; individual contact varies between weekly and monthly.

Program Effectiveness

Evidence of effectiveness of the program is shown in reports of the parents and public schools.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. No criteria for adoption have been established. There has been no replication. A brochure on the program is available.

AIM - San Jose

Oralingua School

Oralingua School for the Hearing Impaired
7056 S. Washington Avenue
Whittier, CA 90602 (213) 693-1818
523-4570

Contact Person: Etta L. Fisher

General Program Information

Oralingua offers a program for children from birth to 13 years of age in a general academic program. Staffed by 12 teachers and 3 teacher aides, as well as a full administrative staff and a team of specialists including an educational audiologist, psychologist and a speech/language clinician, Oralingua maintains a low teacher-student ratio of one teacher for every three students. This private school program has been operational for ten years and is funded by private tuition and contributions. It presents an experience-centered, language-oriented environment structured to meet the special needs of the deaf child. It is an individualized program with a continuous curriculum, making full utilization of residual hearing. (proper selection and consistent use of hearing aids are essential. There is a parent-infant program for ages 0 to 3 years. The program is somewhat structured, balancing the need for short-term objectives with that for broad goals, and follows a cognitive model. There are 41 children served in the program.

Conduct of Program

The program is center/classroom-based, five days per week, following a regular school year calendar. It is an integrated classroom, with 74% of the time spent with less handicapped or normal children. Transportation is furnished by parents without reimbursement. The Parks and Recreation facilities are utilized to carry out this program. Each child receives individual instruction in listening, speech, and cognition, on a daily basis. All developmental areas are included in instruction. The program has its own curriculum and does not use published curricula. Commonly used for assessment are the Stanford Achievement TEst, WRAT, Utah Long Development Laura Lee Language, Peabody Individual Test, and the Peabody Picture Vocabulary. Informal assessment is by teacher observation. Children are formally assessed twice a year. Parent involvement consists of Parent Education meetings bi-monthly, parent/teacher meetings every third week, and board meetings every fourth week. Approximately 80% of the parents actively participate as volunteers, transporters, members of the planning team and advisory council, classroom aides, and program evaluators. The staff meets with parents daily, and has group meetings four times a month.

Program Effectiveness

About 85% of the mainstreamed students are in regular classrooms in their neighborhood schools, maintaining a 3.0 or better average.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, workshops/training at adopting site, follow-up visits to adopting sites, program monitoring at adoption sites, and phone and/or mail consultation. Inservice must be provided by the staff of this program to local agencies/schools wishing to adopt the program model. This program has been replicated or adopted by other agencies/districts in urban and suburban locales.

There is no information furnished as to materials developed by this program.

Oralingua School - Whittier, CA

OUT OF STATE
OUTREACH PROGRAMS

Project First Chance

Contact Person: Jeanne McCarthy

Project First Chance
University of Arizona
Dept. of Special Education
College of Education
Tucson, AZ 85721 (602) 626-3248

General Program Information

This is a program for preschool children (3-5+) with any type of mild or moderate handicap involvement, excluding the deaf. There are 10 children served in the program site at a school district in suburban Tucson. It has been in operation for 3 1/2 years. The local program is funded by the university and the school district; the outreach program by BEH.

PFC is a completely orchestrated program, internally consistent across all components: philosophy, theory, assessment, systematic data monitoring process, IEP, curriculum, parent component, evaluation. It "includes elements of an applied behavioral analysis model, in the 'How to Teach' component; of a cognitive model in the 'what to teach' component; of a developmental model in the recognition of the fact that handicapped children are more like non-handicapped children than they are like each other." It is an intensive model of group and individual instruction.

Conduct of Program

Children meet in a self-contained classroom 5 days a week. There is a one-hour home visit once a week. Transportation is provided by the school district. One child is integrated into a regular kindergarten, but the program is primarily self-contained. Programs are sent home each day, with frequent contact between home and school.

The demonstration class involves one teacher and one aide. The Outreach staff includes one teacher-trainer, one home teacher-trainer, one aide, and a director on a 1/5 time basis. In addition, there are available on a consultant basis, a speech/language clinician, occupational/physical therapist, and a psychologist. Staff meetings are held weekly; inservice training occurs daily on an informal basis.

All developmental areas are included in the program. Each child is involved in 4-5 individual programs per day. Percentage of 1:1 time is 20%. The curriculum used is one developed by the PFC program. Assessment is carried out twice a year using such materials as Abacus, Stanford-Binet, ITPA, and PPUT.

About 90% of the parents are active participants in the program, as volunteers at school and as teachers at home. Frequent contact by the parent-home teacher is maintained. Group staff/parent meetings are held monthly; with individual contact at least once a week.

Program Effectiveness

The effectiveness of the program is measured by daily data monitoring.

Dissemination and Technical Assistance

All types and levels of training/assistance are available. All project materials will be provided to Outreach sites. Criterion for adopting agencies is the commitment to replcation of essential components for one year. There have been four replications.

Materials available include: the PFC Curriculum, and information on the "PFC Inservice Training Program,""Syatematic Data Monitoring Process," and the "PFC Assessment for Instructional Purposes."

Project First Chance - Univ. of Arizona, Tucson

Child Language Center

Contact Person: Jane Wilner

Speech and Hearing Clinic
University of Colorado
934 Broadway
Boulder, CO 80309 (303) 492-6445

General Program Information

"This program is designed to provide language therapy for deaf and language-impaired children, using Reactive Language Therapy in an open-classroom, discovery and experiential based environment. We base our program on Piagetian developmental psychology, using psycho-linguistic techniques with a pragmatic basis. Reactive Language is based on the INREAL (In Class REActive Language) Model." It is planned but unprogrammed. It follows a cognitive/developmental model.

There are 32 children between the ages of 2 1/2 and 6 in the program. Eligible children have a language delay of 12 months. It has been operational for 4 years and is federally funded.

Conduct of Program

The children are served in a classroom situation. It is a reverse mainstreaming model where non-handicapped are integrated into the classroom. Public school buses transport children or they are transported by parents without reimbursement.

The children are served by a program director and two teachers, certified in early childhood and deaf education, also ASHA (speech and hearing). There are two paraprofessionals, a variable number of parents/volunteers, and eight speech/language clinicians. The staff has meetings for two hours a week; as well as inservice training two hours a week. Local diagnostic facilities and speech and hearing services are utilized as necessary.

All developmental areas are included in the program. Eighty percent of the instructional time is spent on a one-to-one basis. A curriculum has been developed by the project by Dr. Rita Weiss - INREAL Project. Formal assessment is carried out every 4-6 months, using the DSS (Developmental Sentence Scoring, Peabody Picture Vocab. Test, and various speech and hearing tests. Informal assessment is accomplished by observation and language sampling.

Parents are requested to participate in the classroom as teacher aides. About 75% of the parents actively participate as well in the capacity of transporters, volunteers, and on the advisory council. A night group meeting is held with the staff once a semester, and parent conferences are held individually each semester.

Program Effectiveness

INREAL Effectiveness Studies and Growth and Development Assessment Research have been done on the program. In addition and in progress are longitudinal Effectiveness reports, and Cost Effectiveness reports.

Dissemination and Technical Assistance

All types and levels of training/assistance are available. There are no criteria for adoption. There have been 12 replication sites in all types of locales, from rural/remote to urban areas.

Brochures on INREAL and INREAL/Outreach are available. Also available from the program are INREAL training videotapes.

Rutland Center-Developmental Therapy Model

Contact Person: Karen R. Davis, Dir. Outreach
Robert Jacob, Director, Demonstration Site

Rutland Center-Developmental Therapy Model Outreach Project
Rutland Center-Demonstration Site
125 Minor St.
Athens, GA 30606 (404) 549-3030

General Program Information

"Developmental Therapy is a psychoeducational approach to therapeutic intervention with young children who have serious emotional and behavioral disorders. The approach has particular reference to children between the ages of two and eight years and is applicable to children of varying ethnic and socio-economic groups. These procedures have been used successfully also with children to age fourteen."

"Developmental Therapy is designed for special education or mental health workers, parents, volunteers, and paraprofessionals using the therapeutic classroom setting with five to eight children in a group. It is a treatment process which (a) does not isolate the disturbed child from the mainstream of normal experiences; (b) uses normal changes in development as a means to expedite the therapeutic process; and (c) has an evaluation system as a part of the therapeutic process. The program includes goals in the areas of behavior, communication, socialization and academics and objectives leading to these broader goals."

The Rutland Center is the demonstration site for the Developmental Therapy Model. It is funded by the Georgia Dept. of Education to serve a 10 county area. The Rutland Center-Developmental Therapy Model Outreach Project is funded by BEH and NDN to offer technical assistance to agencies interested in utilizing the Model. There are 148 children served in the program. It has been operational for 9 years. For acceptance at the Center, the child's primary handicapping condition is severe emotional disturbance, and the child needs more support than the regular classroom can offer. Criteria vary greatly with adoption sites; the program is now being used with multi-handicapped populations at some sites.

Conduct of Program

Developmental therapy involves (1) the treatment class, (2) the parents, (3) the regular school program. The children attend the Center for half and full-day sessions, 5 days a week, depending on age and involvement in a regular school situation. There is a home-based program for infants. Transportation varies with adoption sites, the demonstration center provides transporation although some parents choose to transport their children.

The program is staffed by a program director and 10 teachers, certified variously in early childhood, special education, and behavior disorders. They are assisted by 10 paraprofessionals, eight parents/volunteers, a psychologist and a consulting psychiatrist. Staff meetings are held weekly, as is inservice

training. The Center serves as a training site for the University of Georgia; University classes, monitoring, feedback and indepth training are available.

All developmental areas are included under Behavior-"doing"; Communication-"saying"; Socialization-"caring"; and Academics-"thinking." Children are grouped developmentally with an average of 4-8 children in a group; about 10% of the time is spent on a 1 to 1 basis. Curricula used in the program are publications on Developmental Therapy, published by University Park Press, Baltimore, Maryland. No special equipment is used in the program.

Formal assessment is carried out at least every three years, using a standardized battery of tests. Informal assessment is done by observation in the classroom setting; intake session with parents; and RFCL-Referral Form Check List.

About 50% of the parents actively participate in the program as volunteers, transporters, members of the planning team and the parent group. "The overall goal of the Service-to-Parents component of the model is to provide information to parents about the needs of referred children and assistance to parents in meeting these needs through their involvement in various Center programs and services. There are five specific programs for parents: conferences, auxiliary association, observation of classes, home program, and parent training program. The staff considers a number of factors during the intial staffing and recommends one of three levels of parent participation: minimal, intermittent, or extensive." Thus, group and individual contact vary, depending upon need and investment of parents.

Program Effectiveness

The Rutland Center-Developmental Therapy Model has been approved for national dissemination by the USOE/NIE Joint Dissemination Review Panel. Other evidences of effectiveness are "(1) growth made using the DTORF - over time; (2) change in ratings using the RFCL-referral and termination, and (3) rate of re-referral (of) 4%."

Dissemination and Technical Assistance

A wide range of technical assistance and training is available from the Outreach Project. Agencies should be willing to adopt the core components of the Developmental Therapy Model for the period of time they contract to receive training from the National Technical Assistance Office. There have been 41 replications in 17 states. Materials available include the Developmental Therapy Objectives and Rating Form (DTORF); Referral Form Check List (RFCL); 16mm films, video cassettes, film strips, and slide shows which can be borrowed, or used by a trainer, and a variety of brochures which describe the program and services available. Also, the Developmental Therapy Institute provides in-depth training in the Developmental Therapy Model.

Rutland Center-Developmental Therapy Model - Athens, Georgia

PEECH

Contact Person: Anna Marie Bergman

University of Illinois
Colonel Wolfe School
403 E. Healey
Champaign, IL (217) 333-4894

General Program Information

"PEECH--Precise Early Education for Children with Handicaps, under the direction of Dr. Merle B. Karnes, is a JDRP validated model program which is currently funded by BEH and the National Diffusion Network to provide technical assistance to early childhood programs throughout the United States. PEECH is a center-based program for three to five year old mild-to-moderately handicapped children and includes all the necessary components of a preschool program--administration, services to children, family involvement, evaluation, and staff development."

Principles as stated are: (1) a teacher-pupil ratio of 1:5 or lower; (2) the use of paraprofessionals as teachers; (3) individualized instruction based on stages of child development, (4) emphasis on language development; and (5) involvement of the family in the educational process. A developmental model is followed, with a fairly structured program emphasizing specific short-term objectives.

The program has been operational for 9 years and currently serves 20 in the demonstration site at the University of Illinois. Eligible children demonstrate a developmental delay in one or more areas.

Conduct of Program

Children are served in either a self-contained or integrated classroom, for a full-day program 5 days of week. The percentage of mainstreaming time is 70-100%. Transportation is furnished by the center.

Each demonstration classroom at the Univ. of Illinois has a program coordinator, one early childhood/special education teacher for each 10 children, a paraprofessional, a speech and language clinician, occupational/physical therapist, psychologist, and a various number of parents/volunteers. Staff meetings are held weekly or more often if necessary. Inservice training is conducted once a month or more frequently.

All developmental areas are included in the program. All children receive small group instruction and one-to-one when necessary. No special equipment or published curricula are used. Children are formally assessed twice a year. "Each discipline - Psychology, O.T., Speech and Social Work - uses a wide variety of tests, depending on the needs of the children." An assessment instrument known as SCOAP (Systematic Classroom Observation, Assessment, and Programming), has been developed by the staff at the demonstration site.

staff for assessing children in the classroom setting, known as SCOAP - Systematic Classroom Observation, Assessment and Programming.

"PEECH assesses the needs, interests and abilities of all parents and offers a flexible, individualized parent involvement program with the goal of offering appropriate activities for all parents." About 90% of the parents participate as volunteers, teachers, transporters, members of the planning team and advisory council, classroom aides, and program evaluators. Group meetings with the staff are held monthly; individual contact weekly.

Program Effectiveness

Evidence of effectiveness can be shown in the fact that the program has received nine consecutive years of BEH funding, and received JDRP approval in 1976.

Dissemination and Technical Assistance

"A specialist fully trained in the PEECH Approach will provide training specifically adapted to each site's needs. This includes: regular visits to the site for one school year, frequent contact by phone and mail, workshops and technical assistance in all components of PEECH, classroom observation and feedback, continuing assistance and support for sites who are replicating and disseminating PEECH following the first year of training. Site personnel attend a workshop at the University of Illinois in the beginning of the school year."

"Selection of replication sites is based on a program's commitment to developing quality services for young handicapped children and willingness to cooperate fully in replication of PEECH." In addition, they must fulfill the criteria that: the program staff is employed, the program will participate in evaluation, and the teacher will attend all training activities.

There have been 33 replications of the program up to date. Materials available include: manuals on Classroom Planning and Programming, Evaluation, Parent Involvement, and Administration; SCOAP; and forms for systematic and ongoing record keeping of child progress. In addition, there are several published curriculum kits available which are beneficial to purchase but are not required of replication sites.

PEECH - Champaign, Illinois

OUTREACH: Macomb 0-3 Regional Project - A Rural Child/Parent Service

27 Horrabin Hall
Contact Person: Dr. Patricia L. Hunter Western Illinois University
Project Director Macomb, IL 61455 (309) 298-1634

General Program Information

"The Macomb 0-3 Regional Project provides a home-based remediation/education service to handicapped children from birth to age three. It is a rural infant delivery service and parents are involved in all activities. OUTREACH objectives are two-fold: (1) to increase high quality specialized services in rural areas to handicapped and high risk children and their parents, (2) to develop an effective OUTREACH model for rural communities using components of the Macomb 0-3 Project. OUTREACH activities include: Awareness; Stimulation of replication sites; Training of others; Consultation; State involvement/coordination; Product development, revision, and refinement."

Principles as stated are: "(1) Involvement, cooperation, and enthusiasm of parent(s) or primary caretaker in Project activities is essential. (2) Coordination, cooperation, and communication among the persons who work with the child and family is essential so that activities are integrated and cross a variety of content areas. (3) Curricular activities are based on principles of child development and consistent applications of Piagetian principles in addition to specific strategies of dealing with various handicapping conditions." "Although activities are developmental, they are not arranged in hierarchical order. The handicapped or delayed child passes through stages of development similar to the non-handicapped child, but at a slower rate."

All handicapping conditions are served including high risk and developmentally delayed children. Referral is made by physicians, public health and others. Parents or Primary Caretakers must sign a participation agreement. The program is funded by BEH, and has been in operation for 5 years. There are 50 children now in the program.

Conduct of Program

As stated, this is primarily a home-based program, with once-a-week visits. Integration with non-handicapped children (50%) occurs during Sharing Centers and WADE (Water Activities for Developmental Enhancement). Use of the University Speech and Language Clinic, medical and social service agency services are utilized as necessary.

Early childhood, special education teachers are supplied at the ratio of 1.5 for 15 children. The program also uses the services of a psychologist and speech and language clinicians on a consulting basis. The service delivery staff has weekly meetings. Inservice training frequency varies. There is an initial two week training period; then at least once a month.

All developmental areas are included in the program. Eighty percent of the time is spent on a 1 to 1 basis; other time includes small groups in Sharing Centers. No special equipment is used to carry out the program. A "Core Curriculum was developed by the Project staff during its three years as a demonstration model. Activities from the Core Curriculum were derived from Piagetian principles and from principles of child growth and development."

Children are formally assessed every six months, using the Alpern-Boll Developmental Profile, and the REEL Scale. Informal assessment is carried out by a Steps-Up screening instrument, which measures development in several areas: physical, sensory, motor, social and intellectual growth.

"The whole Project is parent involvement. A major assumption is that the involvement, cooperation, and enthusiasm of the parent(s) or primary caretaker in Project activities is essential. Cooperation of parents is achieved in a variety of ways including scheduling and planning home visits, recording child progress, or charting specific child activities. Parental involvement includes active participation in planning and implementing sharing centers, and serving on the Advisory Council."

Program Effectiveness

Statistical analysis indicates significant progress in children. "MANOVA for entrance/exit is significant. We are in the process of seeking JDRP approval." Evidence of effectiveness is also shown by parent satisfaction data.

Dissemination and Technical Assistance

A wide range of dissemination/training/technical assistance is available. Other than travel and per diem costs, the Core Curriculum, materials, and training are provided at no cost to agencies/districts adopting component(s) of the model. These costs are borne through USOE/BEH Grant No. GOO 78-01853. There have been 9 replications up to date.

Materials available include Toy Patterns and Toy Ideas; Infant Intake Forms, and a Child Development Specialists Checklist; a training manual on the Sharing Center Curriculum, and 32 "Baby Buggy" Papers - all topics pertaining to operation of an infant project. A brochure is also available which describes and explains the project and available OUTREACH services.

Peoria 0-3 Homebound Program

Contact Person: Cindy Fulk
(309) 672-6308

United Cerebral Palsy &
Peoria Association for
Retarded Citizens
913 N. Western
Peoria, IL 61604 (309) 674-1808

General Program Description

The original 0-3 Project was a three-year demonstration program funded through BEH. The project demonstrated the value of early identification and treatment for handicapped children between the ages of 0 - 3 years. The project is co-sponsored by Peoria Association for Retarded Citizens and United Cerebral Palsy of Northwestern Illinois. The continued delivery of 0-3 services is now funded through a combination of federal, state, and local funding sources.

The program is dedicated to providing a comprehensive system for the early identification, referral, evaluation, and delivery of appropriate intervention techniques for handicapped children ages 0 - 3. It follows a developmental model and is fairly structured with emphasis on specific short-term objectives.

The program has been in operation since 1971, currently serving 66 children. Criterion for acceptance is any known or suspected developmental delay or congenital handicap.

Conduct of Program

As reflected in the title, this is a home-based program, with once-weekly home visits of an hour or more. Approximately 1/3 of the children (1 1/2 or older) attend a preschool two mornings a week. Parents transport their children to this without reimbursement. Out-patient physical and/or occupational therapy services are available and are often appropriate for children in the program. The family brings the child to the center for these services; the parent observes the sessions and provides follow-up activities in the home which enrich the child's experiences.

The master teacher/program coordinator is assisted by six paraprofessionals (child development workers), only one of whom has a degree. A speech and language clinician and a psychologist are also available, as is a medical social worker. Staff meetings are held weekly; inservice training may be held quarterly.

Cognitive, fine motor and gross motor developmental areas are stressed, with some work on self-help, socialization, and language/speech. About 80% of instructional time is spent on a one-to-one basis. The program plan is revised when indicated by the changing needs of the child. All children receive total re-evaluation on an annual basis.

A Functional Profile (a developmental checklist) has been developed by the staff for ongoing assessment of the children. Formal assessment is otherwise done by using Bayley, REEL, Cattell, and Slosson materials. Toys and other educational playthings are used in the program.

Because it is a home-based program, the parents are expected to carry out lessons and chart progress. Hopefully then, active participation approaches 100%. There are also informal meetings held twice a month at the preschool.

Program Effectiveness

The Functional Profile is an effective instrument for measuring individual childrens' progress. Studies using this profile indicate that the rate of growth developmentally has increased in these areas for students receiving program services over what would be expected had they received no services.

Data were submitted with the questionnaire from this program that provided evidence that the Peoria Model 0-3 pgoram is effective in producing child growth.

Dissemination and Technical Assistance

"The Replication Project staff believes that only through cooperative efforts and sharing of ideas will the young handicapped child receive quality comprehensive service. The major thrust of Replication efforts, therefore, is to share with interested agencies techniques and materials proven to be effective in dealing with the young handicapped population." To this end, a wide range of dissemination and training activities is available. There has been replication at 99 sites in 25 states.

There is a large number of materials available from the program upon request, many at no charge. A program manual, "A Replication of a 0-3 Project." is also available. More information can be requested from Debbie Putman, 0-3 Outreach Project Coordinator, at the address listed.

Peoria 0-3 Homebound Program - Peoria, Illinois

Home Learning Center for Preschool Hearing Impaired

Contact Person: Emily Wallace

Home Learning Center for Preschool Hearing Impaired Children and Their Parents
Ball State University
Muncie, IN 47306 (317) 285-4940

General Program Information

"The Home Learning Center serves preschool children and their parents in the areas of audiological management, parent training, parent counseling, special preschool class, and hearing nursery school. The Center also provides Inservice Workshops for public school or private agency personnel. Printed and audiovision media are available from the program."

"Ninety-seven out of 100 so-called 'deaf' children are not totally deaf. With the modern hearing aid, these children can be trained auditorily to hear speech at normal conversational levels. Early identification and training of parents to teach the child language results in 80% of the children being mainstreamed in the early elementary grades." Children 1 1/2 to 5 years are integrated with their hearing peers.

The program serves children from birth to 5 years in a center-based program. Funding is 90% federal and 10% local. The program has been in operation for 5 years and serves 14 children. A cognitive model is followed. The preschool class for children 3 to 5 follows a somewhat structured program for speech, language and group interaction skills; the program for parents and children birth through 3 is less structured. Criteria for acceptance is a 70 db or greater hearing loss. There must be parental commitment to participation in the program.

Conduct of Program

Children, 3 to 5, attend self-contained preschool classes to learn speech and language and readiness skills. Children, birth to 3 years, and their parents report to the Center 6 times per month for individual instruction. In addition, all children from 1 1/2 to 5 years spend about 28% of instructional time with normal hearing peers in the Language Enrichment Laboratory for Toddlers, a nursery school operated by the Department of Elementary Education. The initial contact with children and their parents, after a hearing test, is a home visit. Home visits are also made, at the discretion of the Parent Advisors, when problems occur. Parents transport their children without reimbursement, although in hardship cases, temporary reimbursement is available.

The staff consists of a program coordinator and two teachers certified in audiology, speech and hearing, and education of the deaf. They are assisted by one full-time and one-half time aide, 20 university students, and university faculty as needed. Staff meetings are held weekly; inservice training monthly.

Developmental areas covered in the program are cognitive, socialization, and language/speech. No published curricula are used. Hearing aids are used and there is access to an audiometer and impedance bridge. The 0-3 age group are given 100% one-on-one instruction; the 3-5 year olds receive about 20% 1:1 instruction. Audiological examination is done 3 times a year. Other formal assessment is carried out twice a year using the Preschool Attainment Record the REEL Scale and other language and speech tests as necessary. The Developmental Sentence Scoring (DSS) is used for older children. Informal assessment is accomplished by observation during sessions and parental reports.

All parents are required to participate as this is basically a parent training program. They participate in their child's weekly session and attend parent meetings once every two weeks. Parents are encouraged to join the local and state parents' organization. They also serve as volunteers and on the advisory council.

Program Effectiveness

The effectiveness of the program can be shown by the fact that 80% of the graduates have been mainstreamed into regular public schools and are doing well in that setting.

Dissemination and Technical Assistance

A full range of training and assistance activities are available. The program is funded by BEH to provide Inservice Training to public school personnel and other non-profit agencies. There are a number of printed materials available as well as videotapes. For further information on services to children, media products, and Inservice Workshops, contact the project director.

Home Learning Center for Preschool Hearing Impaired - Ball State University, Muncie, Indiana

ERIN Outreach Program

Contact Person: Marian Hainsworth

Early Recognition Intervention Network (ERIN)
376 Bridge Street
Dedham, MA 02026 (617) 329-5529

General Program Information

The ERIN program consists of coordinated teaching programs and service delivery systems aimed at harnessing the learning environment/materials/adult intervention to teach young children with a range of special needs. It is funded by a combination of federal and local funds and has been operational for five years. It is a framework, as well as a set of procedures, for informed decision making by teachers, parents and administrators. It is developmental and cognitively-oriented, and information processing is an important factor in the program. It strives to match the learning environment to the child; parent involvement is very important. There are over 300 children between two and eight years of age being served. A variety of handicapping conditions may be present, but children are primarily moderately learning handicapped, or have a suspected handicap.

Conduct of Program

Since the program works with many different sites, the actual mechanics vary but all have both center and home-based components. Family day care is also available. Children may be in reverse mainstream - to complete mainstreaming situations, with from 20% to 100% of the time spent with normal children. Transportation options also vary with the site.

The staff consists of a project director and special education/early childhood education certified teachers. They are assisted by paraprofessionals, parents/volunteers, speech and language clinicians, occupational/physical therapists, and psychologists. The number of each varies depending on the site and severity of handicapping conditions. Staff meetings are held at least weekly. Start up inservice training is held at a three-day Institute, with monthly or bi-weekly training sessions.

ERIN materials are used in planning and implementing the program. All developmental areas are included in instruction. As little one-on-one instruction is used as possible, particularly in mainstream settings. Children are formally assessed at least twice a year, using the ERIN Preschool Screening System and other screening and assessment materials, and the McCarthy and Bayley Scales.

At least 80% of the parents participate in the program as volunteers, teachers, members of the planning team and advisory council, classroom aides, program evaluators, and participants in an educational and support group. Frequency of group and individual contact with the staff varies with the program.

Program Effectiveness

The program was JDRP approved by the U.S. Office of Education in July of 1978.

Dissemination and Technical Assistance

"No special funding supports this project's dissemination efforts. Awareness materials are available, including price lists of ERIN curriculum/training publications. Visits to centers in the northeast and free day-long orientation meetings are conducted in Massachusetts regularly. Five-day Institutes are held in the summer, or on request for self-contained groups. Institutes and on-site training/consultation by the ERIN staff is available if the setting fulfills BEH/HCEEP criteria, or on individual contract to school systems or agencies." There have been over 100 replications.

"ERIN Materials available in several publications include: classroom observation activities and criterion-referenced checklists, modification strategies and teaching sequences in each learning skill area, parent workshop materials, and program coordination organizers."

ERIN Outreach Program - Dedham, Massachusetts

Telstar

Alpena-Montmorency-Alcona Intermediate
School District
1691 M-32 West
Contact Person: Vicki Wozniak Alpena, MI 49707 (517) 354-3101

General Program Information

The goal of this multi-faceted program is to assist handicapped children (of all categories) to reach their maximum potential in all developmental areas -- physical, social, emotional, cognitive and communication. The child should be ready at the end of this experience to be integrated into regular educational classroom programs or require less intensive levels of special education. Also, data about preschool handicapped children are provided to the school districts so they can adequately prepare for students needing special education services. It is a state and federal funded program and has been in operation for six years. The principles are: (1) using a developmental approach, (2) recognizing the parents as the primary teachers, and (3) establishing the home as the least restrictive of environments. It is highly structured, emphasizing short-term objectives. It serves 20 children between the ages of birth and 5. "All handicapped as defined under PL 94-142 and Pa 198," and in need of special education or related services, are served in the program.

Conduct of Program

The program is home-based with visits of twice a week of approximately one hour in duration and center/classroom based 3-6 hours, five days a week. Placement options provided by the program consist of a self-contained classroom, home-based, combination home and self-contained classroom, and combination home and integrated classroom. The program provides bus/van/taxi transportation. The Preschool Program works closely with local departments of Public Health, private physicians, Departments of Social Services, and Mental Health. Special materials are required to carry out this program, and the following developmental areas are included in the instructional program--cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, and language/speech. Since the goal of the home program is to teach the parents to teach the objectives, most instructional time at home is one-to-one. The staff consists of a master teacher/program coordinator, three teachers certified in early childhood and special education, two paraprofessionals, one speech and language clinician, one occupational and/or physical therapist, and one psychologist. Staff meetings are held weekly and frequency of inservice training for staff development is a minimum of two days per year. Published curricula are not used in planning and implementing the instructional program. The following are commonly used for assessment--Alpern-Boll Developmental Profile, Verbal Language Development Scale, Bayley Scales of Infant Development, Leiter International Scale of Perf., Stanford Binet, Catell Infant Intelligence Scale, Brigance Inventory of Early Development, Burk's Behavior Rating Scale, and Vulpe'. Informal assessment procedures used are parent interviews and % of goals achieved, and the children are formally assessed every one to three years. Telstar believes in treating parents individually. Home Visiting teachers keep a log of their parent involvement. The goals of the program are to increase (a) teaching skills of the parent,

(b) parent's positive regard for the child, and (c) time the parents work with the child. Group meetings are held with staff and parents monthly and individual contact occurs approximately twice a week. All parents actively participate in the home program as teachers.

Program Effectiveness

This program has been validated by the Michigan Department of Education (Fall of 1979) and it is now classified as a demonstration program under Title IV C in Michigan. Children meet 70% of their objectives. They show a positive change in rate of growth when in the program. There are data showing that parents have increased positive regard for their child, have increased the time spent with their child, and increased their teaching skills.

Dissemination and Technical Assistance

Training and technical assistance provided to other agencies/districts consist of the following: program available for visitation/observation, workshops/training on site, workshops/training at adopting sites, follow-up visits to adopting sites, program monitoring at adoption sites, and phone and/or mail consultation. There are criteria for adoption. Materials developed by the program include the Telstar Developmental Checklist and Manual; and the Parent Program Manual, a resource book for professionals working with parents.

Telstar - Alpena, Michigan

Cognitively Oriented Preschool Curriculum

Contact Person: Michael Hanes, PhD

High/Scope Foundation
600 N. River St.
Ypsilanti, MI 48197 (313) 485-2000

General Program Information

"The Cognitively Oriented Preschool Curriculum is an open framework model derived from Piagetian developmental theory. The curriculum originated in one of the first early childhood intervention programs of the 1960's, the Ypsilanti Perry Preschool Project. With funding as a demonstration preschool model in the BEH First Chance Network, this model has been used in classrooms which integrate handicapped and nonhandicapped preschoolers." "The differences between handicapped and nonhandicapped age peers are viewed as developmental delays as opposed to deficiencies."

The program goals are to develop the child's: ability to make decisions on actions; self-discipline and ability to identify personal goals and to pursue and complete self-chosen tasks; ability to work with other children and adults; ability to use a variety of skills in the arts, physical movement, and knowledge of objects as a basis for educational concepts; ability to express himself; ability to apply developed reasoning capacity; and spirit of inquiry.

The program includes learning, physically, and communicatively handicapped children between the ages of 3 and 6, with 18 currently being served. The program is internally funded by the Foundation and has been in operation for 7 years.

Conduct of Program

The children are served in a half-day integrated center 4 days a week. "Central to the daily routine is the plan-do-review sequence during which the children (1) plan an activity to do during work time; (2) carry out their plan and activity as they work; and (3) recall and evaluate what they did during work time. Small group activities and outdoor activities are also included in the daily schedule."

The teaching team, consisting of a master teacher and aide, meet in planning sessions daily; have inservice training weekly. All developmental areas are included in the curriculum. About 20% of the time is spent on a one-to-one basis.

A program-developed curriculum, Young Children in Action, is used for planning and implementing the program. No special equipment is needed. Student progress is documented in terms of the child's classroom interaction using the High/Scope Child Observation Record, a developmental checklist of 15 items. Also used in a three-times-a-year formal assessment are the McCarthy Scales. Informal assessment by observation is ongoing.

About 95% of the parents participate as volunteers, teachers, transporters, classroom aides and as members of the planning team and advisory council. An average of five home visits are made to each family involved in the program. There is daily individual contact; group meetings are held once a month.

Program Effectiveness

"Specifically, the following assertions can be made: (1) Program children demonstrate significant gains in language development and language expression. (2) Program children demonstrate significant gains in the areas of memory, perceptual, quantitative and general cognitive performance. (3) Program children demonstrate significant gains in their ability to express themselves in a variety of models including language, nonverbal representations and dramatic play. (4) Program children demonstrate significant gains in their ability to work with other children and adults. (5) Program children demonstrate significant gains in the area of motor development."

Dissemination and Technical Assistance

The curriculum model has been replicated in a variety of settings with diverse groups of children: University laboratory schools, day-care centers, Head Start centers, public school-sponsored preschool programs. Establishing a replication site involves a long-term commitment from the field site as well as the Outreach Project. The process is done in three phases, from a Needs Assessment and Introductory Workshop, through an Intensive In-service program to Demonstration/Dissemination and Leadership Training, as each replication site is expected to become a local demonstration/dissemination center. Criteria for selection of replication sites and more information can be obtained from Dr. Hanes, Director of the program.

Cognitively Oriented Preschool Curriculum - Ypsilanti, Michigan

Project RUN

Contact Person: Genora S. Holloway

North Mississippi Retardation Center
P.O. Box 967
Oxford, MS 38655 (601) 234-1476

General Program Information

This program serves severely/profoundly multiply handicapped students 0-8 years of age who reside in the institution and in the surrounding 23-county area served by the institution. A diagnostic/therapeutic program is offered. The program is data-based (prescriptive teaching) and features one-to-one instruction and the utilization of behavior modification. It is highly structured, stressing specific short-term objectives.

The program is three years old and supported by a combination of state and federal funds. It serves 22 children at present.

Conduct of Program

Students receive 1 1/2 hours of intensive therapy time 3 days per week. The program provides a parent involvement and training program within the treatment center; parents carry out the programs in the home and the cottage teachers carry the programs out in the cottages. Parents transport their children without reimbursement.

"One certified special education teacher acts as the teacher and case manager for each child, with the help of a full time teacher aide and physical therapist aide. The physical therapist and speech-language pathologist are part-time." The program is served by a project director. All parents of community children participate. A staff meeting is held on a weekly basis to discuss children's programs. A child's program is reviewed once a month on a rotating basis. Inservice training is held when needs are indicated. When needs arise, students are referred to outside agencies - medical facilities and social service agencies.

Self-help, fine and gross motor skills, socialization, language/speech, auditory and visual discrimination are developmental areas covered. RUN uses a project-developed Assessment/Curriculum for planning and implementing each child's program. Children are assessed formally every year, using such instruments as LAP, Bayley Scale, Project Memphis Development Scale, Bzoch-League Receptive-Expressive, AAMD Adaptive Behavior Scale, Emergent Language Scale. "The program utilizes the Project RUN Assessment/Curriculum for pinpointing specific skills that exist and those that need to be developed."

All parents participate in the program as teachers in the home. They serve on the advisory council, also. "The program offers parent training in instructional techniques, parent observation of treatment sessions, individual parent conferences, monthly parent meetings, referral services, and follow-up services.

Program Effectiveness

"A comparison study was conducted to determine if there were any significant differences between developmental growth of institution children and community children. The study concluded that a significant difference did not occur. The program is in the process of conducting an effectiveness program for submission to the Joint Dissemination Review Panel."

Dissemination and Technical Assistance

All types and levels of training/technical assistance are offered, including a practimum-internship for university students. The staff of an adopting agency is required to attend a 4-day workshop at the RUN demonstration model facility. There have been eight agencies utilizing the Assessment/Curriculum and instructional techniques.

Materials available are: Project RUN Early Education Assessment/Curriculum for the Severely/Profoundly/Multiply Handicapped; Practicums in Project RUN and Project Run Workshop Training Manual (teaching training materials); a brochure describing the program, and a publication "What Do I Do? A Guide for Parents and A Parent Component - Involvement and Training."

Project RUN - No. Mississippi Retardation Center, Oxford

Access to Mainstream II

Alliance for Progress, Inc.
Rt. 1 Box 335
Colerain, NC (919) 356-4198

Contact Person: Paul Mayer, Director
or Mrs. Rose Kornegay
Teacher/Counselor

General Program Information

This is a home based program for children from birth to 4 years who are high risk/developmentally delayed/ retarded and/or have other mild to moderate handicaps. "The major aims of the program encompass helping parent and child live together in an improved relationship by bringing about greater understanding. Parents are vital in assisting with the teaching of all skills since services are delivered in the home."

The program follows a developmental model and is highly structured, emphasizing specific short-term objectives. It is funded by the State Department of Human Resources and has been in operation for four years. Fifteen children are served in a rural area.

Conduct of Program

Children are visited in once a week sessions in their homes. The staff consists of a program coordinator and two early childhood/special education teachers. Staff meetings are held bi-monthly; and inservice training monthly. "Teachers are inserviced regularly by various agencies." Diagnostic and medical facilities, social service agency and health dept. services are used as needed.

Assessment tests used in evaluation include the Alpern-Boll and the Learning Achievement Profile, and the Pennsylvania Training Model. No published curricula are used in the program. Special equipment is used as needed, e.g., PT equipment. All developmental areas are included in the program.

Approximately 90% of the parents are active participants in the program, as teachers and members of the planning team. Parents are instructed in the care of their child - PT/OT, nutrition, cognitive, etc.

Program Effectiveness

Childrens' pre and post test scores reflect improvement. The parents are more positive and more involved.

Dissemination and Technical Assistance

The program is available for visitation/observation, and phone and/or mail consultation. Training and workshops are also given at adopting sites with follow-up visits. The Access to Mainstream II is a replication site itself.

Materials available from the program include manuals on self-help, cognitive, physical activity; teacher training materials - Parenting, and a checklist. The address of the replication site (Access to Mainstream II) is Box 1709, Elizabeth City, NC 27909; telephone (919) 338-2456.

Access to Mainstream II - Colerain, North Carolina

Teaching Research Infant and Child Center

Teaching Research
Todd Hall
Monmouth, OR 97361 (503) 838-1220
Ext. 401

Contact Person: Dr. H.D. Bud Fredericks

General Program Information

This data-based classroom model provides for the education of both the moderately and severely handicapped. It "is formulated on the principles of individualization of programs with a comprehensive curriculum emphasizing self-help skills, motor development, language cognition. No lower age limit is placed on the children and no prerequisites, such as toilet training or ambulation, are established for admission into the classroom. The utilization of paraprofessionals and parents to teach the children is stressed. Results with children served in this model indicate significant gains in all areas."

There are currently 22 children from birth to six years in the center. The program has been in operation for seven years and is funded by the federal and state government. It is based on a behavioral model and is highly structured, emphasizing specific short-term objectives.

Conduct of Program

Children meet in the center for half-day sessions five days a week. Children ages 3-5 (12 children) spend 100% of the time with an equal number of nonhandicapped children. It is a combination home-center program to the extent that parents follow the school program in daily home teaching. Parents transport their children to the center without reimbursement.

There are three teachers in the program. They are assisted by two paraprofessionals, 12 parents/volunteers per day, and a speech/language clinician and an occupational/physical therapist on a consultant basis. Staff meetings are held every other week; inservice training is continuous. A Service Coordinator from the Association of Retarded Citizens is available as needed.

All developmental areas are included, using the Teaching Research Curriculum for Moderately and Severely Handicapped. About 50% of the instruction time is on a one-on-one basis, using paraprofessionals and volunteers. No special equipment is necessary. Children are formally assessed twice yearly, using a Norm - Student Progress Record, and the Criterion Reference - Teaching Research Curriculum.

About 75% of the parents are active participants in the program as volunteers, transporters and in conducting home training programs (Lunch Box Data System). There is an initial group meeting with the parents and weekly individual contact.

Program Effectiveness

Oregon is the only state that conducts a statewide evaluation of all school programs for the moderately and severely handicapped. In evaluation of seven preschool classes in the state, it was found that the children in the Teaching Research Model, when compared to children in the other six preschools, made the highest total mean gain. More detail on effectiveness evaluation can be gleaned from the program's publication, A Data-Based Classroom for the Moderately and Severely Handicapped. The preschool has been validated by the Joint Dissemination and Review Panel.

Dissemination and Technical Assistance

"The model has been implemented and found not wanting in over 400 different educational sites." The program is available for visitation/observation, phone and/or mail consultation, workshops/training and follow-up visits to adopting sites. The only criterion is a desire to implement the model.

A list of materials can be obtained from the program. As well as the above mentioned book, there is also a book, Training in the Teaching Research Data Based Classroom Model.

Teaching Research Infant and Child Center - Monmouth, Oregon

Diagnostic Prescriptive Preschool

Contact Person: Dr. David Grove

Child Neurology Clinic
2222 N.W. Lovejoy, Suite 361
Portland, OR 97210 (503) 229-7220

General Program Information

This is a program for all types and levels of handicapped children between the ages of 18 months and 6 years. Currently there are 16 children served for whom no program is available in their own school district. The program takes place in a hospital setting with a combination of federal, state and local funding. It has been in operation for 3 years.

The principle behind the program is that "every child, regardless of handicapping condition, can learn. If a child is not learning, the fault lies not with the child but with the educational setting." It is a systematic data-based method of teaching, with each child's programs being designed to fit his/her needs.

Conduct of Program

"The role of the teacher in this model is classroom manager, supervising the assistant teacher and instructors in the classroom and revising the children's individual prescriptive program on an ongoing basis. The assistant teacher (aide) works directly with the children in a group context and keeps group data which are reviewed daily by the teacher. The individual one-to-one teaching sessions are conducted by instructors (volunteers and parents) and their data are also reviewed daily by the teacher and the assistant teacher. The teacher updates or makes changes in the children's individualized instructional programs based on the daily data. It is the goal of the Child Neurology Clinic to familiarize each trainer with all aspects of the instructors's assistant teacher and teacher's role in the classroom."

The program is a full day program 5 days a week in a medical facility. For children needing a home program, there is coordination with home-based community programs. Parents meet with the teachers on a weekly basis to review data from these home-conducted programs. All diagnostic, medical, social service resources are available within the Clinic. Public school transportation is furnished for children 3 and over; parents transport others without reimbursement.

The staff consists of a program coordinator and two teachers who are assisted by three paraprofessionals, two speech/language clinicians, two occupational/physical therapists, two psychologists, two parent trainers, a social worker, a training coordinator and a pediatrician. There are 20 parents or volunteers utilized per term. The educational staff meets once a week; the CNC staff once per month. There is inservice training twice a month.

All developmental areas are covered in the program, including behavioral. Parents and College practicum students are trained in running one-to-one programs, so there is about 45% one-to-one instruction. Published curricula used include The Teaching Research Curriculum for Moderately and Severely Handicapped. No special equipment is used.

Formal assessment is made of children twice a year, using the Bayley Scales, Stanford Binet Form L-M, Columbia Test of Mental Maturity, Minnesota Child Devel. Inventory, Stanford Early School Achievement, Peabody Picture Vocabulary, and Leiter International Performance Scale. Also used is a student progress record required by the state. Children are given a placement test using the Teaching Research Curriculum and the Child Neurology Clinic curriculum. A parent/child interaction analysis provides an informal assessment measure.

The program provides parent group support, parent training in running one-to-one programs with their child, and assists the parent in finding the most appropriate school placement for their child. About 90% of the parents are active as classroom aides, teachers, program evaluators and in the parent group meetings. There are staff/parent group meetings once a month and individual contact once a week.

Program Effectiveness

A Multiple Baseline Study on Skill Acquisition in 1:1 programs has been done; also a study on the impact of structured and unstructured classroom organization upon language and play.

Dissemination and Technical Assistance

All levels of technical assistance and training are available. The training is based on 10 objectives designed to measure the trainee's progress through a course which consists of 1 week of intensive training in the diagnostic prescriptive preschool and two follow-up visits after training. There has been replication in urban, suburban and rural areas.

Four video tapes have been prepared for the use of parent trainers on Changing Home Behavior, and A Program for Parents. For further information, contact Susan Merz Cook, Training Coordinator.

Diagnostic Prescriptive Preschool - Portland, Oregon

Education for Severely Handicapped Outreach Program

Educational Technology Center, Inc.
Box 64
Foster, RI 02825 (401) 943-6954

Contact Person: Dr. Edmond S. Zuromski

General Program Description

This is a BEH funded program which encompasses Rhode Island and six other states. It serves the severely handicapped. There is no lower functional limit for entry into the program; it admits any child requiring rehabilitation engineering services for learning or communication. Children ages 0-8 are served; there are 10 children directly served in the center. The program was initiated in 1976.

This "project developed the concept of active stimulation programming. The Active Stimulation program provides assistive devices to severely handicapped children which allows them to control sensory reinforcement events. A curriculum based on the use of the assistive devices is available for teaching basic and higher level skills to severely handicapped children." The program follows a behavioral model. "We provide assistive devices so that (the) severely handicapped may assume control over their learning activity and perform independently."

Conduct of Program

"The Active Stimulation Program was developed for children and conducted with children living at home, attending a private school (ARC), and children living in a state institution." The Outreach Project is providing direct services only to ten severely handicapped children for model demonstration purposes. Other than these, children do not attend a program at the Educational Technology Center directly. Children served include mainstreamed handicapped as well as handicapped in private and state facilities. Home-based children receive visits of 1-2 hours a week.

The staff consists of a program coordinator and one special education teacher. Assisting them are two paraprofessionals, eight parents/volunteers, a speech and language clinician, an occupational/physical therapist, two psychologists, two engineers and an adaptive equipment technician. Staff meetings are held weekly; inservice training monthly.

All developmental areas are included in the program. One hundred percent of instruction is on a one-to-one basis, however, the nature of the activities allows the teachers to leave the child alone to perform an activity independently regardless of the severity of handicap. Timers and assistive devices such as special push panels, tilt switches, etc. are used to carry out the program. The Hoskins-Squires Test for Reflex and Gross Motor Development and the NICE Scale are used for formal assessment twice a year. "We are developing our own assessment

procedures using active stimulation programming. The severely and profoundly handicapped population we deal with are difficult to assess with most currently available assessment tools." A Behavioral Checklist and videotapes are used for informal assessment.

All parents participate in the program as home teachers. "Parents set up and conduct activities for their children in the home. We train them in the areas of program development for their children and designing activities and equipment used to teach their children." In addition, parents serve on the advisory council. Group meetings are held quarterly, individual contact varies between weekly and monthly.

Program Effectiveness

Data are being collated for a presentation to the Joint Dissemination Review Panel. An Effectiveness Report of individual activities is available for inspection.

Dissemination and Technical Assistance

All levels of technical assistance are available. Criteria for adoption are: "(1) interest in Active Stimulation Programming, (2) provision of a local contact person, (3) administrative support, (4) proposed or in possession of equipment necessary, (5) openness allowing others to observe program, (6) interest in family involvement, (7) willingness to keep data and share, (8) willingness to participate in program evaluation for the purpose of assessing ours and their impact." A list of past workshop sponsors is available as references. There have been replication sites.

Available from the program are a brochure - Technical papers on Active Stimulation programming, and assistive devices such as tilt switches, panels, etc. which have been developed. To be published is a Manual on Active Stimulation Programming.

Education for Severely Handicapped - Ed Tech Center, Inc., Foster

The RIP Expansion Project

Contact Person: Dr. Matthew A. Timm

The Regional Intervention (RIP) Program
2400 White Avenue
Nashville, TN 37204 (615) 269-5671

General Program Description

"RIP is a parent-implemented service for preschoolers and parents, offering a non-categorical approach to children's handicapping conditions. RIP is designed to teach parents to work with their own children and to help handicapped children to function at levels necessary to enter the least restrictive available programs in their communities. Individual criterion-referenced intervention programs are developed for each child and are implemented by the parent at home and at RIP."

Principles as stated are: "(1) RIP is parent-implemented. Direct services to families are delivered by parents, while professionals consult and monitor. (3) Management by objectives is implemented at all program levels. At the client level, intervention objectives negotiated for each child with the parents serve as the basis for all teaching activities; (3) Intervention programs are data based; (4) intervention techniques are consistent with principles of applied behavior analysis, relying whenever possible on altering consequences to change behaviors." Behavioral techniques are employed in teaching developmentally appropriate skills to each child in a variety of skill areas.

Any child aged 0 to 5 with a diagnosed or probable handicapping condition is eligible; parent must agree to participate with child and participate in a system of payback of time to program when child's intervention goals are met. The model program has been operational for 10 years and currently serves 30 children. The outreach sites have been in existence for 5 years and serve 163 additional children. The program is funded by the federal government (outreach) and the state (model program).

Conduct of Program

Handicapped children are taught by parents in individual sessions at the center and at home. The remainder of time at the center (5 half-days a week) is spent in integrated preschool classrooms. (Preschool siblings participate in classroom activities with handicapped children.) The program provides transportation or it is provided by the parents without reimbursement. Liaison services are offered to facilitate cooperative arrangements with other agencies wherever they are possible.

The model program has a program coordinator and four special education teachers. They are assisted by 3 full time and 3 part time paraprofessionals, and the parents of each child. Consultants to the program include a psychologist, pediatrician, speech and language clinician, and psychiatrist. Staffing

at outreach sites may "vary significantly, in some cases including 1 teacher and one part time paraprofessional." Staff meetings are held once a week; the frequency of inservice training varies across time and program component.

All developmental areas are included in the program. Both individual tutoring and classroom sessions may be provided in these areas, depending on the needs of the individual. About 20% of the time is spent on one-to-one instruction; it is provided by parents to their own children. Individual sites select their own materials and curricula. Specific equipment or materials may be purchased to meet the needs of a particular child but are not a program requirement. "Direct observational systems are designed for all individual programs. Intake assessment (program-designed checklist of skills and background information) is completed for all children." No formal assessment materials are required by the program but may be used at the discretion of the resource staff or when necessary as children are referred to other services for young children.

Parents conduct all direct intervention with their children. Parents of children who have completed intervention participate in the delivery of services to other families, through a system of payback. Parents train new parents and serve as case manager, classroom staff and data collectors. Parents have daily individual contact with the staff and group meetings about twice monthly.

Program Effectiveness

This program has received many awards for exemplary service to preschool handicapped children since its beginning. In 1976, it was featured on CBS Morning News "as one of three exemplary programs in the United States using innovative approaches in the delivery of services to handicapped children." A list of publications concerning the program is available; many of these can be obtained from the Regional Intervention Program. A recent assessment is Phillip Strain's "Longitudinal Follow-up of Preschool Children Involved in Oppositional Child Training," unpublished at the time the survey instrument for this program was completed.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation. An adopting agency sends staff for 8 to 10 weeks' training at RIP, Nashville; upon successful completion of training, those staff will operate the program as per model training. There have been 13 replication sites. Materials available include "Using Skills Effectively-Using Resources Effectively field-based training in early intervention techniques; Child Check - 3 slide-tape shows and diary describing the importance of early detection of handicapping conditions and teaching parents to do preliminary screening of their children; and a brief program description, "RIP: Helping Parents Help Their Children."

Preschool Handicapped Program

Contact Person: Vicki S. Dean

Clinch-Powell Educational Cooperative
P.O. Box 279
Tazewell, TN 37879 (615) 626-4677

General Program Information

The Clinch-Powell Pre-School Handicapped Program operates in a four-county rural area of East Tennessee. Originally developed as a home-based early childhood education program for normal children, it evolved into a program for handicapped children. It stresses parent involvement in the education of their children. "Parents of handicapped children often need assistance and guidance in setting realistic goals and evaluating the progress of their children. The program assists parents in knowing their child's strengths and weaknesses."

The children served by the program (0-5) have been diagnosed by a licensed professional as having a handicapping condition in one or more areas of physical, emotional or mental development. The program is organized around the components of (1) assessment and curriculum planning, (2) home visitation, and (3) main-streaming in regular classroom settings.

The program serves 225 children, and is funded by the local education agency. Outreach activities are funded by BEH. It has been in operation for six years. It uses a diagnostic-prescriptive approach to early education, following a developmental model. The program is fairly structured, stressing specific short-term objectives.

Conduct of Program

The staff consists of a program coordinator and paraprofessionals who visit the homes of the children enrolled in the program once a week for about an hour. During these visits, the home visitor delivers the written prescriptions prepared especially for each handicapped child. The parent is helped in preparation of teaching the child by an explanation of the curriculum materials and a demonstration of each suggested daily educational activity.

Other personnel involved in the program include speech/language clinicians, occupational/physical therapists, and psychologists as needed. Community resources such as diagnostic and medical facilities and social service agencies are utilized as necessary. The staff meets in half-day sessions once a week; also 1/2 day a week for inservice training.

All developmental areas are included in the program. No special equipment is needed. The Alpern-Boll Developmental Profile and Portage Project materials are used in assessment. Formal assessment is done annually; on-going informal assessment is accomplished by checklist and observation.

All parents are directly involved in the program as teachers of their own child. Parents also serve on the advisory council. Group parent/staff meetings are held monthly.

Program Effectiveness

The model program has been validated by the Joint Dissemination and Review Panel.

Dissemination and Technical Assistance

All types and levels of training/technical assistance are available to interested agencies/districts. There are no criteria for adoption. There have been eight replication sites.

Available from the program are an awareness brochure and Nutrition Education Materials.

Preschool Handicapped Program - Clinch-Powell Educational Cooperative, Tazewell, Tennessee

Project KIDS

Contact Person: Ruth Turner, PhD

Dallas Independent School District
3700 Ross Avenue
Dallas, TX 74204 (214) 824-1620

General Program Information

"This program serves three populations in three settings: Infants in the home, toddlers in centers and preschoolers in classrooms. It serves 0-6 year old children and uses a developmental-prescriptive approach to provide a continuous transition from home to school." All handicaps are served except for the totally deaf. Children must reside in the school district and be eligible under Texas handicapping criteria. Funded by public school monies, the program has been in operation for 5 years and serves 360 children.

Principles stated are that: (1) structured intervention activities based upon normal development and sequenced in manageable increments optimize realization of potential; and (2) parent involvement as partners in the intervention process increases the likelihood of success.

Conduct of Program

The infant program involves twice weekly visits in the home. Toddlers meet in a center four half-days weekly, and preschoolers attend class in full day sessions, five days a week. Parents provide transportation for the toddlers; the 3-5 year olds are transported on buses. Mainstreaming varies with the site.

The staff consists of a program director and five teachers, certified in early childhood/special education/speech / child development. They are assisted by five paraprofessionals. A University Affiliated Facility provides direct and consultative services, i.e., occupational/physical therapy, psychological. Staff meetings are scheduled as needed; inservice training consists of monthly and summer institutes. The staff conducts training for area programs.

All developmental areas are included in the program. All available materials are utilized in instruction; no specific curriculum is recommended. No special equipment is used to carry out the program. Assessment is continuous; an appraisal packet describing the assessment process is available at cost. A Kids Inventory of Development Scale has been developed to provide the basis for planning.

The parent program is highly individualized. Parents participate in all areas of the program. "A packet including a detailed description of the individualized parent program is available at cost."

Program Effectiveness

The Program evaluation design and results are available at request, as are program effectiveness reports.

Dissemination and Technical Assistance

All degrees and types of training/technical assistance are available, including materials dissemination. Program Packets available at cost include the major project components. There have been 45 replications of the program, in urban, suburban and rural areas.

Project KIDS - Dallas, Texas

Developmental Education
Birth Through Two (DEBT)

Lubbock Independent School District
1628 19th St.
Lubbock, TX 79401 (806) 747-3838

Contact Person: Gloria Galey

General Program Information

"DEBT, a project of the Lubbock Independent School District, is a preventive special education program directed toward nurturing young lives from their beginning. DEBT's home teaching approach helps parents secure the skills they need in working with their children. DEBT is a means by which parents of very young handicapped children can (1) become effective teachers of their children (2) find sources of help in the community and (3) share and explore their feelings with other parents."

Principles are "first, the belief that early identification and intervention in the life of the "exceptional" child can influence and determine his future life as a productive citizen. Second, provided with proper resources, parents can be their child's most effective teacher. Third, the warm and nurturing home creates the most productive atmosphere for learning and provides the best opportunity for individualized instruction and parental involvement. Fourth, that assisting parents in locating other sources of help in the community will decrease parental anxiety, confusion, and frustration." "The over-all goals of the project are broad-based and flexible due to the varying population; however, the goals for the children are specifically structured to meet the individual needs of each child." A developmental model is followed.

DEBT serves children (0 through 2) who show signs of developmental delays: speech or language deficit, physical disability, hearing impairment, mental retardation, visual impairment, emotional disturbance, high risk. The demonstration project is locally funded; the Outreach program is funded by the federal government. The program is 6 years old and there are currently 116 children served.

Conduct of Program

The home program consists of weekly visits. In addition to this, a variety of other program opportunities are offered: weekly water/play program, child play groups, parent-study groups, etc. The program provides transportation or it may be provided by the parents without reimbursement. Diagnostic and medical facilities are utilized as needed; as are social service agencies, churches, YMCA, etc.

The staff consists of a program director and three teachers, certified in early childhood/special education. Assisting them are four paraprofessionals, 12 parents/volunteers, a speech and language clinician and two part-time occupational/physical therapists. There is also a parenting consultant/social worker.

Staff meetings are held once weekly; inservice training consists of approximately 6 two-day workshops.

All developmental areas are included in the instructional program. All of the instructional time is spent on a one-on-one basis. Published curricula used include the Koontz Child Developmental Program and the Portage Guide to Early Education. Special equipment is used as required by the individual needs of each child. "Equipment recommendations are included in the Individual Education Plans and provided by our project staff." Children are assessed quarterly, using the Denver Developmental Screening Test and Koontz. Informal assessment is by observation.

Parents participate one to two hours weekly in the program, as volunteers, teachers, members of the planning team and advisory council and program evaluators. Group meetings are held weekly. "Knowing how vital the parent is to the home program and to the education of the children, the DEBT Program plans parent-staff conferences as a time for getting together, formulating ideas, and planning. These meetings encourage the parents and staff to work together as a team, making plans that will help the family meet the needs of the child. The purpose of these meetings is to establish an open line of communication between the parents and staff, beneficial to the child."

Program Effectiveness

A 5 year research study of DEBT's effectiveness as a program serving handicapped babies is in progress. A Triple T Consortium Study of May 1978 is available for review.

Dissemination and Technical Assistance

All types and degrees of training/technical assistance are available. School districts who are interested in adoption should preferably be interested in beginning services for the handicapped at birth, be enthusiastic and have community support to continue. There have been seven replications in urban and rural areas.

Materials available include DEBT Diaper Dudes Water/Plan Curriculum; teacher training materials - a comprehensive notebook developed by DEBT Outreach Training Staff: Normal Developmental Scale, High Risk Factors Checklist Handicapping Conditions, Overview, Assessment Techniques, Parental Involvement & Communication; the DEBT GOSPEL: Guidebook of Objectives for Systematic Procedures through Efficiency & Logic; brochures on the model project and Outreach project; parent material-"Love Your Baby," "Letters from handicapped babies," and "DEBT's Handbook of Service."

Multi-Agency Project for Pre-Schoolers

Contact Person: Glen Casto

Exceptional Child Center
UMC 68, Utah State University
Logan, Utah 84322 (801) 750-2000

General Program Information

The Multi-Agency Project for Pre-Schoolers (MAPPS) is a home (ages 0-3) and community based (ages 3-5) intervention program for handicapped children in rural/remote areas. The program utilizes parents as intervention agents for children 0-3 and existing pre-school programs for mainstreaming children ages 3-5. The intervention program features a Curriculum and Monitoring System (CAMS) developed by the project. It is a highly structured program following the behavioral model, stressing short-term objectives.

The program encompasses all handicapping conditions, developmental delays which result in the child performing at 50% of expected level. There are 60 children served over a 4-state area. It is funded by the federal and state governments and has been in operation for 6 years.

Conduct of Program

The community pre-schools selected for the mainstreaming of the 3-5 year old children were one in Pocatello, Idaho, one in Logan, Utah, and Head Start pre-schools located in Price, Ogden, and Bluff, Utah. The children meet in full-day sessions 5 days a week. In the 0-3 program, "MAPPS staff members train parents as teachers of their own child to accelerate their child's development in the area of the greatest handicap. Staff members monitor the child's progress weekly through telephone and home visits."

There are a program coordinator and three teachers on the staff, who are certified in early childhood/special education. There are assisted by 40 parents/volunteers, a speech and language clinician, two occupational/physical therapists, two psychologists and a media teacher. There are weekly staff meetings and the chance for monthly inservice training. Community resources and the facilities of the Exceptional Child Center are utilized as needed. Children are either transported by the program or by parents without reimbursement.

All developmental areas are included in the program. The CAMS materials are used as the basis for instruction. Yearly formal assessment is accomplished by use of the Bayley Scales, Peabody Picture Vocabulary Tests Boehm, ACLC, and VMI. Initial screening is with the Denver Developmental Screening Test. Also in use for assessment are the CAMS Criterion Tests in Receptive and Expressive Language, Motor, Self-Help and Social Emotional Development. Informal assessment is accomplished by behavior checklists. Individual instructional time ranges from 100% in the home-based program to 25% in the 3-5 center based groups.

Parents of children 0-3 are trained as intervention agents. Parents of children 3-5 are trained as intervention agents and as monitors of their child's program. Active participation runs to about 80% by parents acting as volunteers, teachers, program evaluators, and on the advisory council. The staff meets with parents weekly on an individual basis and in group meetings monthly.

Program Effectiveness

Data are available on the program effectiveness in relation to three objectives: 1. During a nine month intervention period, handicapped children placed in the infant stimulation program (0-3) will increase their performance by 25% in the area of their greatest handicap. 2. Handicapped children placed in existing community pre-school programs will increase their performance by 25% in the area of their greatest handicap. 3. The parents of pre-school handicapped children will demonstrate satisfaction with the project by utilizing the programs to teach their child and through their responses on an attitudinal questionnaire.

Dissemination and Technical Assistance

"In sparsely populated areas, designing interventions for pre-school handicapped children is particularly difficult because of a lack of trained personnel. The CAMS system represents a partial answer to this problem. We have demonstrated that parents can be trained to deliver interventions to handicapped children ages 0-3, and that handicapped children ages 3-5 can be mainstreamed into existing community programs. Since the system is completely exportable, is usable by parents, is judged by them to be helpful, demonstrates modest intervention effectiveness, and is comparatively inexpensive, dissemination on a wider basis is warranted."

Toward this end, a wide range of training assistance for agencies interested in the program are available. Criteria for adoption are that key staff receive training, CAMS materials are utilized, and the adopting agency collect evaluation data. There have been 30 replication sites.

The Curriculum and Monitoring System (CAMS), developed in the areas of (1) Receptive Language, (2) Expressive Language, (3) motor, (4) social-emotional, and (5) self-help skills, is available. It is published by Walter Publishing Company in New York City.

Multi-Agency Project for Pre-Schoolers - Logan, Utah

Utah Parent-Infant Program
(Local Demonstration Program)

Contact Person: Thomas C. Clark

Project SKI*HI Outreach
Communicative Disorders UMC 10
Utah State University
Logan, Utah 84322 (801) 750-1369

General Program Description

"Project SKI*HI is a home intervention program for preschool-age hearing-impaired children and their families. It includes early identification, audiological monitoring, hearing aid management, and parent support, as well as the core home visit curriculum. The curriculum consists of four programs - Home Hearing Aid, Home Auditory, Home Communication and Home Language Programs - and is administered by a Parent Advisor who visits the home weekly."

Principles stated are: "(1) Intervention with hearing-impaired infants must begin as close to birth as possible; (2) the hearing disorder must be treated immediately; (3) the intervention program must be in the home and directed toward the parents; (4) the child must be taught to use his residual hearing; (5) the parents must be given psychological support." Broad goals are emphasized somewhat more than short-term objectives, although objectives are set for the parents and child. The program follows a developmental model; is essentially a parent-directed program.

The program has been in operation for 7 years. Current funding is by the State legislature through the Utah School for the Deaf. There are 615 children from birth to six being served in 25 sites. Criteria for acceptance are confirmed educationally significant hearing loss, and medical clearance.

Conduct of Program

The staff consists of a Program Director, and 175 Parent Advisors across the 25 sites, who visit the home once a week. Frequency of staff meetings and inservice training varies among sites, but on the average staff meetings are held three times a year; inservice training twice a year. Local psychologists are used as consultants for parent advisors as well as to conduct parent group meetings. Parents transport children only to appointments for periodic audiological testing or otolaryngologic examinations.

Language and speech are the developmental areas covered in the program; the project helps families obtain help in other areas if warranted. No published curricula are used. The SKI*HI Manual: Programming for Hearing Impaired Infants Through Amplification and Home Intervention and audio-visual aids are used in carrying out the program. Formal assessment is done every 3 to 6 months depending on the site, using the REEL Scale, and the SKI*HI Language Development Scale (Watkins). The SKI*HI Receptive Language Test is also used, although norms for it have not yet been established. Informal assessment procedures used are the SKI*HI Checklist of Auditory Skills, and the SKI*HI Checklist of Expressive Language Skills.

Parents are the targets of the program. Besides the weekly visits by the Parent advisors, where the parents are taught hearing aid, auditory, communication and language facilitation skills, the parents are involved with a parent group. Soon after entering the program, parents join with other newly-entered parents in a series of seven weekly meetings. There is also a Parent Resource Library where parents may borrow books by mail at no charge.

Program Effectiveness

"SKI*HI Outreach conducted an extensive analysis of data collected in Utah between 1975 and 1977. Progress in auditory and language skills was studied. Significant differences were noted between children who had received SKI*HI treatment and those who had not, and between pre- and post-assessments of treated children. SKI*HI Outreach is presently conducting an ongoing analysis of data being collected by SKI*HI replication sites."

"Some of the results of the 1975-77 study have been published in the SKI*HI Program Statement (May, 1978) submitted to the Office of Education Joint Dissemination Review Panel (JDRP). The JDRP designated Project SKI*HI as a validated exemplary educational program in 1978."

Dissemination and Technical Assistance

"SKI*HI Outreach is federally funded by the U.S. Office of Education to provide training to selected sites." All ranges of assistance are available including curricular and training materials. Criteria for adoption are: (a) positive attitude towards replication; (b) available personnel and financial resources to implement; (c) commitment to continue services; (d) need for services: unserved preschool-age, hearing-impaired children; (e) official request made to Outreach; and (f) statement of agreement signed. The project has been adopted by 24 agencies/districts, in all types of locales.

Besides the above-mentioned materials, there is a Multimedia Training Package on the SKI*HI Model; a Total Communication Videocassette Training Package; Parent Teaching Materials SKI*HI Manual; slide-cassette programs; and Hearing Aid Visual Aids.

Utah Parent-Infant Program - Utah State University, Logan, Utah

CDR - Outreach Project

Contact Person: Corinne Garland

Child Development Resources
P.O. Box 299
Lightfoot, VA 23090 (804) 565-0303

General Program Information

"Child Development Resources' Infant Program is an interdisciplinary model of services to handicapped and developmentally delayed infants (birth to two) and their families." The program is developmental prescriptive using the parent as primary teacher and as a member of a transdisciplinary team. It is a fairly structured program in that the parents are taught to teach their children specific skills included in their IEPs.

There are 40 children served in the program with developmental delays because of one or more handicapping conditions. The Outreach activities are funded by the federal government; direct service by state and local funding. The project has been in operation for 5 years.

Conduct of Program

Children attend developmental day care 1 day a week while parents are in a group training program. Developmental day care is attended by normal preschool aged siblings also, for an integrated experience. One day a week, a home visit is made to work on parent training and IEP goals. Transportation is furnished either by the program or by parents without reimbursement.

The staff consists of a master teacher, four paraprofessionals, a speech and language clinician and an occupational/physical therapist. A psychologist is used for pre and post testing. A large number of volunteers staff developmental day care under supervision of the staff. Staff meetings are held once a week; inservice training every other week. A Family Services coordinator assists the family in utilizing other community services as appropriate.

A curriculum, still in the experimental stage, of Teaching Activities for Parents, has been developed to accompany the Early LAP. All developmental areas are included in instruction, with 100% of the time spent on a one-to-one basis. Formal assessment is carried out every 12 weeks, using the Bayley Scales, REEL, Early LAP and the Milani-Comparetti Motor Development Scale. Assessment involves a highly trained, experienced team comprised of family service coordinator, special educator, speech/language therapist, occupational therapist and case manager. The parent is also an important member of the team.

All parents are involved in planning, implementing, and evaluating their own children's programs and serve in a wide variety of roles, as board members, fund raisers, etc.

Program Effectiveness

A complete report on evaluation of the program can be obtained. This evaluation found that the CDR program substantially improved the overall level of the children whom it served. Parents' evaluation of the personnel and the activities were so high that there was little room for improvement."

Dissemination and Technical Assistance

"Child Development Resources offers three components for replication. They are Child Find, Infant Program, and Parent Program." Criteria for adoption of all components are listed in literature available from the program. There have been 6 replication sites up to this time.

A list of materials and price list is available from the project upon request. These include materials on evaluation, curriculum, Child Find, and a Parent's Guide. There are also two slide/tape packages available.

Child Development Resources - Lighfoot, Virginia

Portage Project

Contact Person: Neal Schortinghuis

Portage Project
Cooperative Educational Service
Agency #12
412 East Slifer Street
P.O. Box 564
Portage, WI 53901 (608) 742-5342

General Program Information

"The Portage Project is a structured, data-based, individualized program which utilizes the parent as a primary teacher to meet the developmental and educational needs of handicapped preschool children. Individualized instructional programming takes place on a daily basis in the home, with a system of accountability and documentation designed to ensure successful implementation."

Principles as stated are: "(1) Home intervention with direct parent involvement; (2) on-going assessment procedures to assure appropriate curriculum planning so that child/parent can accomplish the objective in one week; (3) individualized curriculum for each child/parent; and (4) data-based program." The program is based on a behavioral model.

This was originally a BEH funded program, starting in 1969. It is now funded through the local school districts; however BEH funds are available for dissemination and training purposes. There are 150 children from zero to six served in the program which covers a large rural area. Children are accepted to the program on the recommendation of a multi-disciplinary team.

Conduct of Program

The program works with children in their natural environment, the home. The teacher travels to the home once a week; activity charts are left in the home each week for the guidance of the parent(s). Community resources are utilized as needed.

The staff consists of a program coordinator and seven teachers, two certified in early childhood education, and five in special education. They are assisted by eight paraprofessionals, five speech and language clinicians, and three interns to the program. Staff meetings are held once a week; these also serve as a part of teacher inservice.

All developmental areas are included in the program, including infant stimulation. It is totally a one-on-one teaching situation. No special equipment is used to carry out the program. Published curriculum used is that developed by the program, Portage Guide to Early Education. Assessment is on-going, using the Alpern-Boll Developmental Profile.

Parents are the prime teachers of their children. Their contact with the staff is the weekly home visits of the teacher.

Program Effectiveness

"The Portage Project has conducted a wide variety of evaluation activities, results are available on request." The program is JDPR validated for national dissemination and replication.

Dissemination and Technical Assistance

As a BEH Outreach Project and as part of the NDN Network, The Portage Project has a wide range of training assistance available to potential replication sites. A statement of the Project Key Components is available on request. More than 50 agencies/districts from across the country have adopted the program.

Besides the Portage Guide to Early Education, a developmental curriculum mentioned earlier, other materials available are the Portage Guide to Home Teaching, and the Portage Parent Program. Brochures are available giving details on these materials, and on the Training and Technical Assistance options.

Portage Project - Portage, Wisconsin

Project WISP/Outreach

Contact Person: Janis A. Jelinek

Project WISP/Outreach
P.O. Box 3224 University Station
Laramie, WY 82071 (307) 766-6145

General Program Information

"Project WISP serves developmentally delayed and at-risk children age 0-3 years. The program offers comprehensive services for children as well as their families. Children age 0-18 months are usually enrolled in a home-based program; children 18-36 months are usually enrolled in the In-center program. "The program utilizes a developmental-prescriptive approach to facilitate developmental patterns of handicapped or developmentally delayed infants/toddlers, through manipulating the environment to enhance the next developmental stages in the areas of: social-emotional; gross motor, fine motor; adaptive reasoning; receptive and expressive language; and dressing and simple hygiene." "This project is based, philosophically, on the axiom that the earlier handicapped children can be identified, and they and their families can receive appropriate programming and resources, the greater the opportunity for maximizing the child's educational potential." Highly structured, specific short-term objectives are written; however, in actual practice, the program is not that rigid.

Children in the birth to 18 months age range must show 1-3 months delay; those 18-36 months, 3-6 months delay in one or more developmental areas. There are 120 children in the program. It is funded by HCEEP and county funds and has been operational for four years.

Conduct of Program

The home-based program involves once a week visits. The Center program is a half-day program, 5 days a week. Home based-follow-up is also provided for center-based children. Placement options can be varied, from home-based through integrated classrooms. Children in center-based programs spend approximately 20% of their time with normal children. The program provides transportation, although some parents prefer to transport their own children.

The staff consists of a program coordinator and two teachers, certified in early childhood education/occupational therapy. There is one aide, 10-15 parents/volunteers, a speech and language clinician, and consulting psychologist. There is a part-time physical therapist in addition to the OT on the staff. There are staff meetings once a week. Inservice training was held initially for one week and then "on call." Staff are encouraged to attend professional conferences. All types of community resources: diagnostic, medical, social service agency facilities, are used as needed plus a preschool developmental center.

Formal assessment is carried out twice a year, using the Bayley Scales of Infant Development and the Sewall Early Education Development Program (SEED). Observation provides informal assessment. Two curricula used in the program are Performance Objectives for Preschool Children and Wonder Baby. The center program provides for about 25% one-to-one instruction.

The group and individual parent activities are planned from formal and informal needs assessments and an Individual Parent Plan written. The general parent program includes: (1) weekly mother's meetings; (2) monthly meetings for both mothers and fathers; and (3) activities to meet individual parent needs. Individual contact with the staff averages 3-5 times a month. About 20% of the parents participate as volunteers, transporters, members of the planning team and advisory council, classroom aides, program evaluators, and program advocates (giving presentations at conferences).

Program Effectiveness

A three years evaluation indicates outstanding effectiveness. Evaluation material is available for the cost of duplication.

Dissemination and Technical Assistance

All types of technical assistance are available. Adopting agencies must agree to replicate more than minimal components of the WISP model. HCEEP indicates that a minimum of six days training must be provided for adopting sites. There have been 10 replication sites.

Materials available include: Parent-Child Summer Book: Activities, Recipes, and Things for Summer Fun for Moms, Dads, and Kids, age Birth to Three Years; Infant and Toddler Resource Guide for Parents; a WISP Training Manual; Community Workshop Guide; and an Outreach Brochure; also an annotated bibliography of some recent articles that correlate with the SEED program.

Project WISP/Outreach - Laramie, Wyoming

OUT OF STATE
HEAD START PROGRAMS

Chugiak/Eagle River Head Start

Contact Person: Sharon Lattery

Chugiak Children's Services
P.O. Box 233
Chugiak, AK 99567 (907) 688-2660

General Program Information

Chugiak Children's Services, Inc., is a private, non-profit corporation which serves 34 Head Start children, ages three to five, with state and federal funds, in a full-year, part-day program. Head Start guidelines for income levels and percentage of handicapped children are followed. The program emphasizes the importance of self-image, asynchronous growth, meeting total needs, and good nutrition and health. It subscribes to the idea that the parent is the most important teacher. The program is somewhat structured, striving to meet specific short-term objectives as well as broad goals. It is considered to be a eclectic program, as the total needs of the child are served. It has been in operation for 10 years.

Conduct of Program

Children meet in an integrated classroom three to four hours a day. Four-year-olds meet three days a week; three-year-olds attend twice a week. Transportation is provided by the program. Local diagnostic, medical and social service agency facilities are utilized as needed.

The staff consists of a program director and two teachers. They are assisted by four teachers' aides, five parents a week, and a speech/language clinician once a week. Staff meetings are held bi-weekly; inservice training twice a month.

All developmental areas are included in the program, with 60% of the time being spent on a one-to-one basis. No published curricula are used. Formal assessment is done three times a year with Portage Project materials. Informal assessment is done by health observation and a preschool profile.

The parent involvement includes a committee to assist the Education Director and appropriate staff to plan curriculum throughout the year; meetings at various times during the program year, and on-going contact with staff in the classroom, home visits, and telephone, for curriculum ideas. Parents also attend self-assessment sessions. About 20% of the parents are actively involved.

Program Effectiveness

Evidence of effectiveness is reflected by happy children and parents, and compliance with performance standards. The program has been used as a model for other Head Starts in the state.

Dissemination and Technical Assistance

The program is available for visitation/observation, phone and/or mail consultation, and workshops/training on site. There are no criteria for adoption except Head Start guidelines. Limited funds and staff preclude developing materials. The Resource Access Project provides the primary materials for working with the handicapped.

Chugiak/Eagle River Head Start - Chugiak, Alaska

Head Start

Honolulu Community Action Program, Inc.
838 South Beretania Street, Suite 202
Honolulu, HI 96813 (808) 521-4531

Contact Person: Roland Gella
Director

General Program Information

This is "a quality comprehensive preschool program with an interdisciplinary approach towards the total family and its environment." The program is federally and state funded and has been in operation for 14 years.

The principles on which the program is based are the Head Start performance standards. The program encompasses the objectives of discovery and broad goals, following cognitive and developmental models. The program is currently serving 660 children, 70 of whom are either learning or communicatively handicapped. The children range in age from 3 to 5 years. Income status is the criterion for acceptance into the program.

Conduct of Program

The program is a combination of home and classroom based. Home visits of 1 1/2 hours in length are conducted once a week. The classroom program, which integrates handicapped and non-handicapped children, runs 3-6 hours a day. Handicapped children spend 100% of their instructional time with less handicapped or normal children. Parents transport the children without reimbursement. Where no other alternative is available, the program will transport.

The staff consists of the program coordinator; 37 teachers: 14 certified in early childhood, 1 certified in special education; 27 paraprofessionals; 100 parents/volunteers; 2 speech and language clinicians; 1 occupational/physical therapist; 1 psychologist; 1 psychological social worker; and one special educator. The program also draws upon the following community resources: Diagnosis and medical facilities, Social Service Agencies, and the University of Hawaii Foster Grandparent Program (ACTION). Staff meetings and inservice training are conducted bi-monthly.

The program uses published curricula and special equipment such as weight scales, audio-visual aids, audiometer, and OT equipment. Formal assessment, upon entering the program, includes the use of Portage and Denver materials. Staff and parent observations provide informal assessment thereafter.

All developmental areas, including culture, are included in the instructional program. Approximately 20% of the Parents actively participate as volunteers, teachers or teachers' aides, transporters, program evaluators, and members of the planning tram and advisory council. The staff conducts group meetings with the parents monthly and sees individual parents at least three times a year. The program director wishes parent involvement "could be improved."

Program Effectiveness

The effectiveness of the program is evidenced by a self-assessment validation instrument (SAVI) and an improvement of the mental health of the children and their families.

Dissemination and Technical Assistance

The program is available for visitation/observation, and workshops/ training at their site. The program has not been replicated, nor has it developed any materials for use by other programs.

Head Start - Honolulu Comm. Action Program, Inc. Honolulu

Parent & Child Center of Kalihi, Inc.

Contact Person: Dianne Goff

Parent & Child Center of Kalihi, Inc.
1475-117A Linapuni St.
Honolulu, HI 96819 (808) 847-3285

General Program Information

"PCC was established to provide services for the disadvantaged families regardless of race or creed, who have one or more children under the age of four years and/or who are expecting a child. The program follows all of the performance standards for the Head Start programs. Ten percent of the enrolled children are handicapped. The center is divided into five components: Administration, Infant (0-2), Toddler (2-4), Social Services, and Health. Families served are multi-ethnic." It is based on the principles of: (1) overcoming deficits in health, intellectual, social and emotional development, and maximizing the child's inherent talents and potentialities; (2) improving the skills, confidence, attitudes, and motivations of parents as citizens, parents, and individuals; (3) strengthening family organizations and functioning by involving the youngest children, the parents, older children in the family and relatives; (4) encouraging a greater sense of community and neighborliness among the families served; (5) providing training and experience for both professionals and nonprofessionals - serving as a locus for research and evaluation. It is for the most part a highly structured program, with long term goals kept in mind. No one model of instruction is followed.

All types of handicapping conditions are served in the program, including high-risk (child abuse, etc.) children. There are 100 children in the program. The program has been in operation for 12 years and is federally and state funded.

Conduct of Program

Children may be served in a classroom situation, in the home, or a combination of these. Home-based service is used for a child with a special need who is not yet able to adapt to center-based activities, and is provided for newborn children. The class meets for half-day sessions (either a.m. or p.m.) four days a week. "Usually the handicapped child is enrolled and spends the same time as all other children, in the same classroom." Some transportation is provided by the program. Child Protective Services, DSS pays for cab or bus/handicab for children outside of the immediate area. The program makes use of all community resources available to carry out all of the specific goals and objectives and to decrease use of money.

The teachers in the program are assisted by parents, a speech and language clinician consultant, occupational/physical therapists and psychologists on a consulting basis as the need arises, a nutrition consultant, pediatric consultant, special education consultant, and a dental consultant. The Health Services Director works with prenatal, postnatal and newborns and with specific children along with the Infant Component. Staff and directors' meetings are held weekly; staffing on families twice a month. There are conferences at least once a month on specific problem families. Monday is staff day for staff development, workshops, conferences, etc.

All developmental areas are included in the program. Any special equipment needed is ordered as necessary. There is formal assessment upon enrollment; thereafter it varies with the component, age of child and specific need. Tests used are DDST, Portage, Specific-DASE, and medical assessment. Assessment is also done outside the agency by appropriate diagnosticians. Informal assessment is by teacher observations, parent observations at home, and parent-teacher conferences.

"Each component, Health, Education and Social Services, is responsible for parent involvement as it relates to their program/component activities. Coordination and controls of this area of the program is achieved by weekly staff meetings, bi-monthly staffing of families, PCC Parent Organization meetings, Component Coordinator weekly meetings and individual case conferences; also at monthly board meetings.

Program Effectiveness

Learning verification of this type of program has been done at other PCCs on the mainland and in Head Start programs. At this center, studies are being undertaken on "Music and young children" - and the speech area. Evaluation of effectiveness is accomplished by conferences, meetings, etc.; consolidated management review process every three years; and an annual review of specific goals and objectives according to performance standards.

Dissemination and Technical Assistance

The program is available for visitation/observation and phone and/or mail consultation; also workshops/training on site. A course has been set up on site by Honolulu Community College, giving college credit. Replication sites must follow Head Start guidelines. There has been one replication of the program.

A number of instructional materials have been developed by the program for use with infants and toddlers. The above mentioned class in Social Service Methods has been developed. There are also a variety of forms available for this type of program. A brochure on the program is available.

Parent & Child Center of Kalihi, Inc. - Honolulu, HI

HEAD START - Integration of Handicapped Children

Maui Economic Opportunity, Inc.
189 Kaahumanu Avenue
Kahului, Hawaii 96732
(808) 871-9591

Contact Person: Sharon Yamamoto

General Program Information

There are seven centers in the program located on two islands, in a rural community setting. The program is comprehensive in that it provides educational, medical, dental, nutrition, mental health, social services and parent involvement components. It is a federal-funded program and has been operational since September 1975.

The principles of the Head Start program are (1) to serve handicapped children in an integrated setting or mainstream environment with other children, (2) provide for the special needs of the handicapped children, and (3) work closely with other agencies and organizations serving handicapped children and provide the full range of services necessary to meet the child's developmental needs. The program is both highly structured with specific short-term objectives and one of discovery with broad goals utilizing a developmental approach.

It serves 122 children in the 3 to 4 age range that are physically handicapped, communicatively handicapped, or are learning handicapped. Acceptance into the program is based on an age range of 3 - 6 years, degree and type of handicapping condition, feasibility of mainstreaming in classroom, and amount of individual attention needed from the staff.

Conduct of Program

The delivery of service is center/classroom-based, meeting in a full-day session, and a combination home and center-based with three days a week in the classroom and 12 hours a week in home visits. Both integrated classroom and combination home and integrated classroom placement options are provided by this program. Transportation is provided by parents without reimbursement and the program also provides transportation.

Consultants, speech therapists, occupational therapists, mental health social worker, and physical therapists are utilized in this program and all developmental areas are included in the instructional program.

The staff consists of seven teachers certified in early childhood, six paraprofessionals, fourteen parents and/or volunteers, and one speech and language clinician. The staff meets at least once a month but there is a CDA and RAPP program serving Head Start so there are other meetings within the month. Several meetings occur each month for both individualized and group inservice training for staff development. DIAL and DENVER screening are used most commonly for assessment purposes with Child Developmental History Form and Teacher Observation Forms used for informal assessment procedures. Assessment frequency is based on individual cases. Special materials utilized to carry out this program consist of Peabody Language Development Kits and GOAL Language Development. Approximately ten percent of the instructional time is spent on one-to-one instruction.

Approximately 70% of the parents participate actively as volunteers, transporters, members of a planning team, advisory council, classroom aides, program evaluators and maintenance. At a center level the parent group has a center committee that meets, provides assistance, plans and evaluates the program process. At the grantee level a policy council exists that makes program policies. The staff meets with the parents in group meetings twice a month and has weekly individual contact.

Program Effectiveness

The observed gains of each child by staff and parents indicates the effectiveness of this program.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, and phone and/or mail consultation to other agencies/districts. There are no established criteria or requirements for agencies wishing to adopt this program model, and the program has not been replicated or adopted by other agencies/districts. The following materials have been developed by this program--the teachers have initiated their own individual material for child use, a Manual on basic component information for teacher training material, an Individualized Education Plan and Assessment Form, and various basic information for parents in the form of brochures.

Head Start - Integration of Handicapped Children, Maui Economic Opportunity, Kahu.

Drake University-Head Start

Drake University - Head Start
Des Moines, Iowa 50311 (515)-271-2810

Contact Person: Harriette Bruce
Program Director

General Program Information

Drake University houses the administrative staff to oversee and coordinate twelve Headstart Centers with a total of 21 classrooms. This program has been operational for three years and is funded by federal funds. The program is based on the principles of (1) early childhood education, (2) health, (medical, dental, mental health), (3) nutrition, (4) social services/ parent involvement, and (5) handicapped. The program is both highly structured, with specific short-term objectives and also discovery, with broad goals following a cognitive, behavioral, developmental, and medical approach. The age range of the children served is 3 - 5 years of age and the children have primary characteristics of learning handicapped, physically handicapped, and communicatively handicapped. Criterion for acceptance into the program is low income (poverty) guidelines, and a handicapping condition.

Conduct of Program

Children are served in either a half day integrated classroom situation, or by a combination of home and center-based with one day per week in the classroom and three hours a week in a home visit. The program provides vans for all children in the rural area, but urban area transportation is provided only if the child has a categorical disability. Community diagnostic, medical, and social service agency facilities are utilized as needed. Approximately 5% of instructional time is spent on one-to-one instruction. It is difficult to do more because of the pupil/teacher ratio in the classroom. No special equipment or materials are required to carry out this program.

All developmental areas are included in instruction. The staff consists of a program coordinator with 12 teachers (two certified in early childhood, one in special education, and nine with an elementary education degree associated with the Child Development Association). There are 23 paraprofessionals, 6 speech and language clinicians provided by AEA or local school districts and 1 contracting psychologist. Ninety percent of the parents volunteer once a month in the classroom. Staff meetings are held twice a month and inservice training is also held twice a month. The children spend 95% of their instructional time with normal children.

No published curricula are used in the instructional program. Assessment is an ongoing procedure, using Waupan, and the Brigance Inventory. Parents in this program are actively involved in every component through decision-making, classroom volunteering, as paid employees, and in working with their children in cooperation with the staff. Staff members meet with parents in group meetings once a month and there is as much individual contact as needed.

Program Effectiveness

Evaluation of the program in November of 1979 indicated that the program was in total compliance with the federal guidelines.

Dissemination and Technical Assistance

This program is available for visitation/observation, and workshops/training on site. No information on replication or criteria was provided.

Drake University Head Start - Des Moines, Iowa

Polk Child Development Center

Contact Person: Theresa Counts

Topeka/Polk Child Development Center
1234 Polk
Topeka, KS 66612 (913) 232-8249

General Program Information

This program "serves 300 low-income children in a multi-cultural, non-sexist curriculum based on PLAY, strong parent involvement, highly trained staff, all committed to serving children and families." It was selected the No. 1 Program in the nation in 1974. It is federally funded and has been operational for fifteen years.

This program is based on the principles that children learn best through "play," play is children's "work", and the goal of an increased self-concept for the child and his/her family. It follows a developmental model. Activities are structured (planned) but the child is free to choose inter-action with materials (concrete experiences). It serves children in the age range of 4-5 years and is currently serving 300 children. Children served by this program fall in the ten DHEW handicap categories. Acceptance into the program is based on income guidelines and handicapping conditions.

Conduct of Program

Services are center/classroom based and meet several hours a day five days per week. It is a double-session model. Children are in an integrated classroom with transportation provided by the program. There is excellent community involvement, with many services, diagnostic, medical, social service, available.

All developmental areas are included in the program. Also included in the curriculum are nutrition, health, art, music, science, math and social studies (community). Approximately 50% of instructional time is spent on one-to-one instruction but it varies from day to day and activity to activity.

The staff consists of a program coordinator, nine teachers certified in early childhood/special education/elementary education, nine paraprofessionals, a minimum of 18 parents/volunteers, two speech and language clinicians, a psychologist, and 14 support staff members - social services, community aides, educ.- parent involvement-coordinators, nurse nutritionist. The staff meets weekly and inservice training also occurs weekly.

The program has developed its own curriculum for use in instruction, as well as self-designed assessment instruments. Standardized developmental tests are used as needed. Formal assessment is accomplished as necessary; informal assessment is by observation, IEPs, skill sheets, etc.

Approximately 30% of the parents actively participate as volunteers, transporters on field trips, classroom aides, members of the planning team and advisory council, and as program evaluators. The staff is involved with the parents in home visits, center meetings, in-service, and workshops. Many of these activities have been selected by the parents. Parent meetings are held mornings, afternoon, nights and Saturdays.

Program Effectiveness

Applied Management Handicap Survey, Basic Educational Skills - Demo/Researc and Hi-Impact Effort (Evaluation-National) are used in the conduct of this prog This program was selected No. 1 in 1974, grants have been received, and the success of the children and parents in the community would indicate that this program is effective.

Dissemination & Technical Assistance

Training and technical assistance provided to other agencies/districts consist of visitation/observation, workshops/training, phone and/or mail consultation, and use of consultants. There are established criteria or requrements for other agencies wishing to adopt this program model but it must wait until the present demonstration project is completed.

Polk Child Development Center - Topeka, Kansas

St. Landry Parish C.A.A. - Head Start

St. Landry Parish Comm.Action Agency
PO Box 899
Opelousas, LA 70570 (318) 948-3651

Contact Person: Barbara J. Pickney
HEAD START Director

General Program Information

This program is a Community Action Agency that provides comprehensive child care services to 589 children three to five years of age in thirteen Head Start Centers throughout St. Landry Parish. It has been operational for four years and is federally funded. The principles on which this program is based are (1) provide children with learning environment and experiences which will help in developing, (2) provide comprehensive health services in all fields, (3) help provide food which will help meet the child's daily nutritional needs, (4) establish and maintain an outreach and recruitment process which systematically insures enrollment of eligible children, and (5) provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development. This program follows a somewhat structured form, balancing the need for specific short-term objectives with discovery-broad goals, and integrates cognitive, behavioral, developmental, medical, and social models. Primary characteristics of children in this program are learning handicapped, physically handicapped, severely handicapped and other types of handicaps, with acceptance into the program based primarily on the HEW Income Scale.

Conduct of Program

This program is center/classroom based and meets three to six hours a day, five days a week in an integrated classroom. The program provides transportation by bus/van/taxi. Community resources utilized in carrying out the program consist of a medical facility and social service agency. Special equipment is required to carry out this program and approximately 15% of the instructional time is spent on one-to-one instruction using the following developmental areas, cognitive/preacademic/ academic, self-help, fine motor, socialization, gross motor and language/speech.

The staff consists of 34 teachers certified in early childhood and a Child Development Associate, and one speech and language clinician. The staff meets bi-weekly, and the inservice training for staff development also meets bi-weekly. Peabody Kits are used as a guide in planning and implementing the instructional program. The Learning Accomplishment Profile is used for assessment while Teacher's Observation Forms are used for informal assessments. Children are assessed three times a year. All parents are encouraged to take an active part in the program. Each center has a parent committee that meets once a month, one parent from each center serves on a parish wide council that meets once a month, and parents attend same conferences, workshops, etc., as staff members. Fifty percent of the parents actively participate in the program as volunteers, transporters,member of a planning team, advisory council, classroom aides, program evaluators and attending training sessions. The staff meets with the parents both in groups or individual contact whenever the need rises.

Program Effectiveness

No information was provided on the evaluation of program effectiveness.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at the site, workshops/training at adopting sites, follow-up visits to adopting sites, program monitoring at adoption sites, and phone and/or mail consultation to other agencies/districts.

St. Landry Parish C.A.A. - Head Start - Opelousas, Louisiana

Head Start

Northeast Missouri Community Action Agency
PO Box 966
Kirksville, MO 63501 (816) 665-5791

Contact Person: Elaine Besgrove
Program Director

General Program Information

This is a private agency program (Association of Retarded Citizens) serving 131 children in the 3-5 years of age range with characteristics of learning handicapped, physically handicapped and communicatively handicapped. It is federally funded and has been operational for thirteen years.

This program is based on the principle that children from low income homes can benefit from a comprehensive, interdisciplinary program for the total child that includes his family as well as the community. The program encompasses a highly structured approach with specific short-term objectives and discovery with broad goals and follows a developmental model. To be accepted into the program, guidelines must be met, and a child must be three years old by the first of October.

Conduct of Program

The program is home-based once a week with a visit of one-plus hours and a combination of home and center-based three days a week, five hours a day in the classroom, and one hour a month in a home visit. The option provided depends upon the locality and what is offered by the program in that location, but it can be an integrated classroom, home based, or a combination of home and integrated classroom. The program provides transportation by bus/van/taxi.

Community resources utilized to carry out the program include a diagnostic facility, social service agency and a medical facility. Special equipment is required to carry out this program.

Approximately 10% of the instructional time is spent on one-to-one instruction and all developmental areas are included in the instructional program.

The staff consists of eight teachers, one certified in early childhood and six certified in C.D.A. There are eight paraprofessionals, seven parents and/or volunteers, one speech and language clinician, and one psychologist. Staff meetings are held once a week and approximately 21 days of inservice training for staff development is offered in the summer and two days at the beginning of January. Published curricula used as a guide in planning and implementing the instructional program consist of Learning Activities for Young Handicapped Child, Preschool Curricula and Learning Accomplishment Profile by Chapel Hill Training Project, all published by Kaplan Press in North Carolina. Referenced tests commonly used for assessment are Developmental Screening (Developmental Indicators for Assessment of Learning), Learning Accomplishment Profile (Teach Assessment), S.I.I. (psychological), Peabody Picture, Utah Test of Language Development, Goldman-Fristoe Artic. (for speech language). Formal assessments are conducted twice a year. Informal assessments consist of teacher and parent observations.

Parents participate in the program as volunteers, transporters, members of a planning team and advisory council, classroom aides, and program evaluators. Parents from rural areas or small towns are usually more involved. Home-Base parents are usually involved more than Center parents. Staff and parents meet as a group once a month and individual contact is held at least once a month.

Program Effectiveness

The program is in compliance with program performance standards.

Dissemination and Technical Assistance

This program is available for visitation/observation, workshops/training at site, and phone and/or mail consultation to other agencies/districts. There are no established criteria or requirements for agencies wishing to adopt this program model. The program has not been replicated or adopted by other agencies/districts. There have been no materials developed by this program.

Head Start - Northeast Missouri Comm. Action Agency, Kirksville

Lincoln Public Schools - Head Start

Lincoln Public Schools - Head Start
225 South 25th Street
Lincoln, Nebraska 68503 (402)475-8329

Contact Person: Ruth Weatherl
Director, Lincoln Public
Schools Head Start Program

General Program Information

The Lincoln Public Schools is responsible for assuring that reasonable efforts to identify handicapped pre-kindergarten children will be continuous, and will be made at least annually. The program has been operational for fourteen years and is funded 80% federally and 20% locally.

In order to discharge its obligation to resident handicapped or exceptional students, the Lincoln Public Schools maintains a Department of Special Education whose functions are: 1) To share with regular education the basic responsibility of public educational systems to fulfill the right of equal educational opportunity for all students whatever their educational needs. 2) To assure that all exceptional students have appropriate educational programs and related services designed to meet their unique needs within the least restrictive environment. 3) To establish and maintain effective ways of identifying students with special education needs. 4) To continue to assess the special needs of students and determine what kinds of special programs and services should be provided for them. 5) To plan and organize an appropriate continuum of interventions or program alternatives for exceptional students to assure realization and development of their full potential. 6) To organize the resources needed to conduct a comprehensive program of special education including necessary budget requirements, legislation, and community obligations. 7) To employ personnel who possess the skills, understanding and experience necessary to deal effectively with the problems of exceptional students. 8) To conduct evaluation and research activities to reflect new emphases, incorporate new knowledge, and constantly improve the quality of special instructional services. 9) To conduct programs for staff development, inservice, and/or continuing education. 10) To involve community representatives in planning programs to insure their understanding and support. 11) To join with other child and family assistance programs within the community to provide exceptional students and their families with the needed services in a fully coordinated, effective and efficient basis. The program is totally mainstreamed except for special therapy and follows a developmental model.

It serves a total of 161 children ages 3 and 4. Primary handicap characteristics are learning handicapped although the program serves mildly handicapped children also. Criteria for acceptance into the program is a verified handicap by a qualified diagnostic team.

Conduct of Program

The program provided is home based which serves 45 three year old children 1 1/2 hours weekly in the home with the child and parent. It also provides center/classroom based services three hours bi-monthly. It also offers a combination of home and center based services and the program offers transportation.

Approximately 20% of the instructional time is spent on one-to-one instruction. Special equipment and/or materials are not utilized in this program. All public services available in the community are utilized, but dental and medical services are almost totally provided by other agencies. All developmental areas are included in the instructional program.

The staff consists of a master teacher/program coordinator and nine teachers certified in early childhood, special education and elementary education. There are 14 paraprofessionals, 100 - 150 parents and/or volunteers, two speech and language clinicians, one occupational and/or physical therapist, one psychologist, a nutritionist, volunteer coordinator, parent involvement specialist, and a social services coordinator. Staff meetings are held weekly and 10% of the total working time includes inservice training for staff development.

Published curricula is not used as a guide in planning and implementing the instructional program. The program follows Head Start Performance Standard Guidelines. Tests commonly used for assessment are Portage, Speech & Language - Peabody Picture Vocabulary Test, Arizona Scale for Articulation Proficiency, Test for Auditory Comprehension of Language (Carrow), Boehm Test of Basic Concepts, and Psychological--Stanford Binet, W.I.S.C. Informal assessments commonly used are observations, M.C.R.I. Checklists and speech and language sample. Children are formally assessed quarterly or on-going as needed.

Approximately 45% of the parents actively participate in the program as volunteers, teachers, members of planning teams and advisory councils, classroom aides, program evaluators and training and assistance to other parents. The staff meets with parents in group meetings monthly. Individual contact varies — quarterly, weekly and bi-weekly. The staff is strongly committed to working with parents.

Program Effectiveness

Learning verification or studies in progress or completed are the Head Start studies. The Federal Bureau Administration of Children and Youth and Families can furnish information on the effectiveness of the program.

Dissemination, Training and Technical Assistance

This program is available for visitation/observation and members of the program are willing to assist other programs by assisting with in-service or training. There are no established criteria or requirements for agencies wishing to adopt this program model. This program has not been replicated or adopted by other agencies/districts. There have been no materials developed by this program.

Head Start - Lincoln Public Schools, Lincoln

Head Start Pre-Kindergarten Child and Parent Development Program

Akron Board of Education
70 N. Broadway
Akron, OH 44308 (216) 434-1661

Contact Person: Myrtis R. Thomas
Program Director

General Program Information

This program is dedicated to the child's total development. The overall goal is to bring about a greater degree of social and educational competence in young children. Opportunities for language development, self-expression through art and music, motor development and socialization are provided. Supportive services are also included. This program has been operational for fifteen years and is funded by the ACYF Head Start program locally and is also federally funded. The program is based on the principles of (1) respect for the worth and dignity of every human being, (2) commitment to accept child and his/her culture, (3) recognizing his srengths and weaknesses, build on his learning style, (4) provide experiences and supportive services which will help the child to develop socially, physically, emotionally and educationally, and (5), parent involvement is an essential element in the overall program. The program utilizes discovery with broad goals and follows a cognitive and developmental model approach. It serves children in an age range of three to five years with characteristics of learning and communication handicaps. Acceptance is based on children from poverty families as measured by federal guidelines, 10 percent of the children may be over income, and as of 1974, handicapped children must comprise 10% of the enrollment in each state.

Conduct of Program

The delivery of services is center/classroom based three to six hours a day, five days a week, with an integrated classroom. Bus/van/taxi transportation is provided by the program for handicapped/special need children. Community resources utilized to carry out the program include the Akron Children's Hospital Clinic.

The staff consists of a program coordinator and 22 teachers, of whom four are certified in early childhood education and two in speech - audiology. Seven have associate degrees in child development and one has a degree in early childhood education. Assisting in the program are 22 paraprofessionals, a psychologist and parents/volunteers. The staff meets weekly.

All developmental areas are included in instruction. The Peabody Language Development Kit and PEEK are used as curricula. No special equipment is needed in the program. Informal assessment by a program developed achievement profile is done four times yearly. Other assessment instruments used are the Stanford-Binet, Vineland Social Maturity Scale, the Wechsler, and ITPA scales, the Peabody Picture Vocabulary Test, the Wide Range Achievement Test, and the Denver Developmental Screening Test. Parent involvement enables parents to participate in making policy decisions that affect their children's growth and development and to help plan activities supporting their children's educational program, and related activities to strengthen their parenting skills. Parents participate as volunteers, planning team and advisory council members, classroom aides and program evaluators.

Program Effectiveness

No information was provided to us on program effectiveness.

Dissemination and Technical Assistance

This program is available for visitation/observation and workshops/training at site. There was no information provided to us on criteria for adoption of this program, replication of the program by other agencies/districts, or materials developed under the program.

Head Start Pre-Kindergarten Child
and Parent Development Program - Akron, OH

Handicapped Services Head Start

Tom Green County Community Action Council
PO Box 2749
San Angelo, Texas 76902 (915)653-1437

Contact Person: Bill Rogers
Director, Handicapped Services

General Program Description

This program provides services for handicapped children in a seventeen-county area. There are six community action areas served, with Tom Green County Community Action Council serving as the lead grantee. Its funding is a combination of federal, state and local and the program has been operational for four years. The principles of the program are to help children in Head Start who may have handicapping conditions by (1) screening all children, (2) paying for services and arranging for appointments, (3) developing individual educational plans and (4), providing educational materials. The program is both highly structured with specific short-term objectives and one of discovery, with broad goals, and follows a cognitive, behavioral, developmental and medical approach. It serves children in the 3-5 age range with physically handicapped and communicatively handicapped characteristics. Acceptance into the program is guided by income guidelines.

Conduct of Program

The children are served in an integrated classroom which meets in a full day session, five days a week. Some of the centers provide bus service; in centers that do not, parents transport children without reimbursement. All community services available of locating and diagnosing children with handicaps are used. The amount of instructional time spent on a one-to-one basis varies with the severity of the child's handicap. All developmental areas are included in the program.

The staff consists of a program director and around 40 teachers. The "number of paraprofessional and professional people utilized depends on the number and types of handicaps." Also involved in the program are parents/volunteers, speech/language clinicians, occupational/physical therapists, and psychologists. Staff meet monthly in most centers; inservice training varies as some centers have more available training than others.

Published curricula are not used. The Success Screening Instrument is used for assessment twice a year. Informal assessment procedures used are professional diagnosis and teacher observation. A variety of special materials are used in the program, all of which can be acquired with little expense.

Parent involvement includes parent education activities, group meetings, parent-child interaction activities, and training sessions. Ten percent of the parents actively participate in the program as volunteers and classroom aides. Parent/staff meetings are held monthly.

Program Effectiveness

A Post test of Success Screening gives an indication of progress of the children. A yearly audit confirms the financial aspect of the program.

Dissemination and Technical Assistance

This program is available fo visitation/observation, workshops/training on site, workshops/training at adopting sites, and phone and/or mail consultation to other agencies/districts. Agencies wishing to adopt this program model must have had a Head Start grant awarded. There have been no formal materials developed by this program nor has the program been replicated.

Handicapped Services Head Start - San Angelo, Texas

Northwest Head Start

Northwest Head Start
110 Second Street West
Ashland, Wisconsin 54806 (715)682-8242

Contact Person: Dave Cochrane
Program Director

General Program Information

"Northwest Head Start is a center based program providing experiences for both the child and the family in relation to the importance of the total development of the child in all of his/her environments. Each child and family is enrolled on an individual basis, respecting each need and pursuing to provide a program that moves in such a way to provide resources necessary to develop individual skills as well as total growth in the family as an entity within itself as well as its community environment." It is a federally funded program under the Association for Children, Youth and Families, and has been operational since 1967. This program is based on the principles that (1) all children should be provided a learning environment which will help them develop socially, intellectually,physically and emotionally in a manner appropriate to their developmental level toward an overall goal of social competence, (2) all children are individuals and through a variety of experience develop a positive, self-concept and a sensitivity to the individual differences of those around him/her, including peers, family members and people with special needs, (3) the total child is of most importance in developing individual skills to integrate an awareness of good physical, nutritional, social and emotional health and the effect of this on all growth and development, and (4) the child's first teacher is his/her parents and that the learning environment in the home is as important as the learning environment out of the home, including the community and school.

This program is best described as one of discovery, with broad goals, with a developmental approach. Each classroom teacher builds the curriculum around the individual needs of each child as well as group needs for differing developmental levels. It serves children in the age range of three to five years with characteristics of learning handicapped, physically handicapped, communicatively handicapped with the children diagnosed based on the categorical definitions by ACYF (for head start) and Wisconsin State Law Chapter 115 (public schools Exceptional Educational Needs categories). Acceptance into the program is based on income eligibility guidelines by ACYF and 10% of children enrolled diagnosed as handicapped.

Conduct of Program

Services provided to the children are center/classroom based in an integrated classroom and bus transportation is provided by the program. Classes meet for several hours five days a week. Community resources consisting of a diagnostic facility and public schools M Team and support services, and a county health nurse are utilized in carrying out the program which also includes necessary community based agencies in coordinating with Head Start to provide the most comprehensive program for the child and family. Developmental areas included in the instructional program consist of cognitive/preacademic/academic, self-help, fine motor, socialization, gross motor, language/speech, sensory stimulation and visual perception. Ten percent of the instructional time is spent on one-to-one instruction based on the needs of the child.

Special equipment is required to carry out this program. The staff consists of a master teacher/program coordinator, teachers, parents and/or volunteers. The staff meets once per month on the local class level; pre-service and in-service for the total program three times per year. Inservice training for staff development occurs three times a year and other specialized training or participation in workshops is provided on a need basis or when available. There are a variety of curriculums available to the staff from the agency Resource Center. A Planning Guide to the Preschool Curriculum (Chapel Hill) which is used as a guide in planning and implementing the instructional program is coordinated with the agency approved Developmental Checklist used to plan the child's Individual Development Profile. The Carolina Developmental Profile (DAP) is a compilation of various screening tools used as a follow-up to the Carolina, when a child is suspected of having a special need or referral for evaluation. This is one of the assessment tests utilized in this program. The informal assessment procedures consist of classroom observations by the child's teacher or other professional upon request. Children are formally assessed as needed.

Parent involvement is necessary if Head Start is to have a lasting effect on the child, as the parent continues to be the child's first teacher once he/she transcends to the next educational level. This component encourages volunteer involvement in the center, based on how the parent feels most capable of participating. Through parent meetings, training and participation in the classroom the parent is exposed to various types of skills that can help in teaching the child at home as well as methods for problem solving in relation to working with the child and meeting family needs. Parents actively participate in the program as volunteers, advisory council, classroom aides and program evaluators. Group meetings of staff and parents occur once a month with individual contact three times per year (required) and other meetings as needed.

Program Effectiveness

The curriculum for developing social and emotional growth in the child, "My Friends and Me" is now being used a a pilot project in our program with staff being trained and observed on an on-going basis by a consultant psychologist and social worker. At the end of the year information will be compiled to determine its effectiveness in relation to the social-emotional development of the children involved.

Dissemination and Technical Assistance

Parents as Teachers (a training program for center-home based combined program), a brochure, Parent Handbook (used to inform parents of their rights under PL 94-142/Wis. Chapter 115, Individual Developmental Profile (part of a total service plan for the child), and a collaborative Agreement between Head Start and local public schools have been developed under this program.

Northwest Head Start - Ashland, Wisconsin

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